The Canadian Nurse

A Monthly Journal for the Nurses of Canada
Published by the Canadian Nurses Association

VOL. XXXI MONTREAL, QUE., JANUARY, 1935 No. 1

WARD PERSONNEL IN MENTAL HOSPITALS

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I have been asked by the Committee on Nursing to present for your consideration certain problems relating to personnel in our mental hospitals. The reasons for this request are:

To emphasize the importance of having the best qualified assistants possible for the 24-hour, day by day, contact with our patients.

To invite thought and suggestions as to securing and training such personnel.

Because there appear to be varying trends of thought as to what constitutes satisfactory ward staff, to ascertain if there can be worked out a plan which might utilize the best features of these various trends.

Some Comparisons

We should perhaps first try to satisfy ourselves as to the nature of institutions caring for the mentally deranged. Are they hospitals within the real meaning of the word or are they some other type of institution? While we have in mind the slow evolution of such places, through the ages, to the humane asylum era of the nineteenth century, which we hope we have now passed, the question may fairly be asked if we have evolved to hospitals and if answered in the affirmative, are we evolving now to something different? I ask this question because it is seriously contended in some quarters that a mental hospital is not really a hospital, but rather a teaching center, a school, if you will, for the retraining of persons who have fallen into faulty behaviour patterns, and that a part of the training so given shall be, for the successfully re-trained, to prevent the development again of such behaviour.

While granting that pedagogy may have an important place in our techniques, the same can be said about general hospital practice. The diabetic has to be taught urinalysis and food values and dangers. The cardiac patient has to be taught the limits of exercise he may safely take; the tuberculous patient must be taught good physical hygiene, the care of the sputum, and so one might go on to more severe illnesses and disabilities in which the teaching of the patient is an integral part of his treatment. Even so in mental hospitals, pedagogy is a part of the larger technique of nursing the patient back to normal health again.

And if one should deny that our patients are really sick, as they so seldom show gross physical disease, temperature variations or other of the more common physical symptoms and signs usually associated with severe illness, one has only to point out that there is often more physical symptomatology than at first appears, and in addition that all the patients who come to us are delirious. It is true one has to broaden the usual definition of delirium to make this assertion, but one does not depart from standard dictionary definitions in doing so, but rather one is brought face to face with delirium in all its forms, and with

An address delivered before the American Psychiatric Association on May 31st, 1934, and published in this Journal with the courteous permission of the *American Journal of Psychiatry*.

etiologies much more extensive than the usual infections which may disturb the mental integrity of the individual. One is not perverting truth, but rather amplifying it, when he speaks of our patients as suffering from a senile delirium, an arteriosclerotic delirium, an alcoholic delirium, a syphilitic delirium, a schizophrenic delirium or a manic-depressive delirium. Delirium, from whatever cause or causes, must be within the province of the medical profession and calls for the most skilled nursing available.

Nursing Values

We feel justified in saying, therefore, that the nurse in our mental hospital should be thoroughly equipped with the ordinary or general training so that she may do full justice to all the physical features, but in addition should understand more of the workings of the human mind, and the influence of environmental and emotional stresses in the production of delirious and pre-delirious thought and behaviour. And even more than this, she needs to know the possibilities of effecting improvement through psychotherapy, and to know the part she should be able to play in the treatment scheme. A weighty responsibility is hers, and an opportunity which probably surpasses that in any other field of nursing.

I surmise, therefore, that we are fairly well agreed that we are operating hospitals for the treatment of patients suffering from various types of delirium and that the ward personnel should be essentially the most intelligent and best trained nurse available, with training even superior to that received in most of our general hospitals, because of the special psychic factors involved. The problem of securing such well-trained nursing personnel is one on which there may be considerable divergence of opinion.

We are in much the same position with regard to personnel that the general hospitals were in some years ago. They realized that poorly trained people, relatively uncultured, were not good enough for general hospital patients. We have been realizing this same fact for a much shorter period with regard to our delirious patients, and it is perhaps a fact that in many of our mental hospitals, much of the ward personnel is of inferior category even to-day. When we began to realize our need, we began training schools, at first rather feebly, leading only to a certificate of no particular worth outside the hospital; later our training courses attempted to cover the same curriculum as general hospitals and finally, with affiliate courses in general hospitals, our nurses were permitted to qualify for the diploma of registered nurse. It is perhaps true that we may have developed an inferiority complex concerning these courses, realizing their limitations, especially in certain technical fields, a complex which was often shared by the nurse, although it cannot be denied that many nurses have been graduated from our mental hospital training schools who compared favorably with the graduates of the larger general hospitals, and were often decidedly better trained than graduates of some smaller general hospitals. Most of these graduates remained in the hospital as charge nurses, and formed a skeleton graduate nurse staff. It is doubtful if many of these have been as well trained in the psychological implications of nursing as was desirable, our efforts having been concentrated on the attempt to produce a generally trained nurse, the equal of the graduate of the general hospital.

Economic Aspects

And while we are making confession, might it not be fair to state that many hospital superintendents (general as well as mental) believe that it is an additional economy to operate a training school, student nurses naturally being given a comparatively small monetary allowance. Nevertheless, the mental hospital superintendent did the best he could under the circumstances. Suitably trained nurses

not being available elsewhere (the general hospital graduate not having the inclination nor the requisite training for our hospital needs) he provided such training as he could, and when the history of nursing during the twentieth century is written, this accomplishment will rank high.

The question we ask now in this year 1934 is whether such an arrangement is still the best available? We might ask first if there is not something anomalous in the position of the hospital superintendent who on the one hand seeks to secure for his patients the best nursing as economically as possible, and on the other hand, as director of his training school for nurses, has a direct obligation to his student nurses to give this training as thoroughly and completely as possible. It is difficult for him to serve both interests fairly without giving some advantage to one or the other. This difficulty is not restricted to mental hospitals, and perhaps the time has come when he should serve only the interests of his hospital, leaving to some other party or organization the responsibility of the training of nurses. This is already being done in a small way by some universities, which offer nursing courses quite independently of hospital jurisdiction, although naturally arrangements are made for bedside work in co-operating hospitals.

Professional Standards

It would appear reasonable that the nursing profession should attempt to set standards for its own professional requirements even as the medical profession seeks to govern educational prerequisites for entrance to its ranks, and also control to some extent at least the medical schools and licensing bodies. One might ask the question if the time has not definitely passed that any hospital should presume to set up a training school for nurses without the permission, or at least, consultation with the governing body of the nurses' organization.

With the growth and development of the nursing profession has arisen a distinctly educational problem and project. Should the training of nurses not be viewed in much the same manner as the training of school teachers? Teachers are trained for a public need by normal schools and universities controlled usually or to some extent at least by a department of the government, but the teachers themselves really decide standards for entrance to such training centers, the curriculum content, and the facilities and grading of such institutions. Has the time come for the state to assume responsibility for nursing education in a closely parallel way to which it controls teacher training institutions?

This proposition is definitely recommended by Professor Weir in his recently completed inquiry into nursing education in Canada at the request of the Canadian Medical Association and the Canadian Nurses Association. He regards the training of the nurse as essentially an educational venture and on a similar footing to the training of physicians or the training of school teachers. True, the nurse necessarily must have a closer contact with the hospital and its patients, but he deprecates the hospital "owning," as it were, its nursing school, in the same way that we would deprecate an individual hospital training its physicians or an individual municipality or school board training its teachers.

If we are agreed that nursing is essentially an educational project, then we must also assume that the nursing profession should have some part, at least, in establishing standards for training schools, and should probably have some voice in saying whether or not any particular school should or should not train nurses. We have also assumed that mental hospitals require the best trained and highest type of nurse. Where should we look for the type of nurse we desire?

Many of us would answer this question by saying that we must train such

personnel in our mental hospitals, as they are not available elsewhere, and, even if they were, we would have more confidence in those nurses we have trained in our mental hospitals. Such an answer, however, is not complete until we ask the further question whether any mental hospital has all the facilities, didactic, clinical and pedagogical to produce the fully developed and fully qualified nurse. Theoretically, it must be admitted that the mental hospital training school offers splendid didactic instruction and emphasizes the personal and emotional factors in disease and gives fine instruction in psychotherapy, matters which are often inadequately taught in general hospitals. The general hospital, however, has the tremendous advantage of a great variety and abundance of other clinical instruction. It is true that our mental hospital graduate affiliates with a general hospital to make up for this deficiency of instruction, but even with the affiliation, is she as well trained as the general hospital graduate, who has had an adequate affiliation or post-graduate course in a mental hospital? It is a matter of considerable doubt if any special hospital, mental, tubercular, orthopedic, etc., should operate training schools for nurses even with general hospital affiliation, because of the over-emphasis on the specially and inadequate instruction in general nursing. Until such time, however, as the general hospital provides its nurses in training with a mental hospital affiliation, we shall probably be compelled to operate our mental hospital training schools.

If the nursing profession desires to improve nursing standards and place general hospital graduates in mental hospitals, they must arrange such affiliations or postgraduate courses because, without such additional training, I take it that we are all agreed that the general hospital nurse is of less value in a mental hospital than the mental hospital graduate. This perhaps points the way to the part the mental hospital can play in furthering advance in the type and training of ward personnel. We should be prepared to offer such affiliate or postgraduate courses. By so doing, we would have the stimulation that comes to any hospital from taking part in an educational programme, we shall be giving our patients the advantage of nursing care from the best trained nurses available, we shall be advancing the status of the nursing profession, we will be relieving overcrowding in the nursing profession rather than contributing to it.

An Unfilled Need

Because of the impossibility, up to the present, of securing adequately trained general hospital nurses and the difficulty of securing sufficient candidates in our mental hospital training schools, who would be available on graduation, the hospital superintendents have been faced with the problem of obtaining suitable ward personnel and have almost invariably been forced to accept a ward staff less well trained than he has desired. His own training school usually has graduated only a fraction of the total number of nurses actually required, and consequently he has been compelled to hire untrained and too often unsuitable types of persons to provide sufficient numbers for the care of his patients.

It is perhaps in this situation more than any other that our mental hospitals fail to measure up to an adequate standard. In physical equipment, in diagnostic and therapeutic appliances, in well-trained medical staff, we need not be ashamed, but with our most important hospital facility, ward personnel, with whom our patients must be in intimate contact twenty-four hours daily, and on whom rests so much responsibility for the carrying out of healing procedures, we have been satisfied with, or at least, have tolerated very inferior standards. When one reads annual reports from some of our most outstanding mental hospitals to the effect that only a small per-

centage of the ward personnel are graduate nurses, and the balance are without any professional status, we have no reason to be proud of our accomplishment in this field.

Auxiliary Personnel

To compensate for this recognized deficiency, many superintendents have insisted that ward attendants receive some training, usually ten to twenty hours, or even longer. This cannot be regarded as anything but a very inadequate compromise at best. In recent years, a further attempt has been made to meet the situation by instituting a two-year course for applicants who are not qualified to undertake the regular nursing courses leading to the diploma of "psychiatric nurse" or some similar designation. While definitely a better compromise than the trained attendant, it falls far short of the actual nursing needs of our patients and is at direct variance with accepted standards for professional training, inasmuch as specialization should follow the general training. An analogy in our own profession would be the training of "psychiatric physicians" or "tuberculosis physicians," that is, giving physicians the specialty without the general scientific background. The same principle applies in the teaching profession; the teaching specialist must first have the general training before qualifying for his specialty. It would therefore appear that the training of so-called "psychiatric nurses" is pedagogically unsound, and fails to give our patients the care to which they are entitled.

Comparative Costs

The economic aspect of securing adequately trained personnel may be regarded as an insuperable stumbling block to its accomplishment. That this difficulty is more apparent than real is shown by an actual investigation into comparative costs by Professor Weir, although we should not attempt to justify a financial economy that attempts to secure cheap ward labor in return for some degree of nursing education, as has unfortunately been too often the case, especially in smaller general hospitals. Graduate nurses, by reason of their experience and full time on the wards, as contrasted with student inexperience and time off for classes, are needed only in the proportion of two graduates to three students, and as most student nurses receive a fair financial allowance in addition to board, quarters, etc., the substitution of graduates for students involves little if any actual increase in costs. Compared with a relatively untrained attendant staff, the cost of graduate nursing staff is certainly higher, but that should not deter us if the patient's need is our first consideration, as it should be, and one might hope a higher discharge rate would actually lower the costs of ward personnel rather than make for an increase in costs.

It is, of course, not contended that every attendant now employed should be replaced by a graduate nurse. There would still remain many duties, now perhaps performed by nurses, and yet definitely not nursing duties, which would be performed by attendants, such as ordinary cleaning, kitchen and dining room duties, supervising working parties, and taking part in recreational activities, such as is done in general hospitals by cleaners, kitchen maids and ward aides. By this more careful allotment of duties, the actual costs would not be increased as much as might at first appear.

The Challenge

Keeping in mind that the great majority of patients who are under treatment in mental hospitals are the so-called continued treatment type, who require less medical and nursing care than the acute recently admitted patients, do we still need the fully trained nurse or could not trained attendants or "psychiatric nurses" give all needed care? The answer to this question would appear to be that there should be no lowering of standards, that the unrecovered cases are simply an

indication of our treatment failures and a challenge to our still greater therapeutic and nursing efforts. In fairness to the patient as well as in fairness to ourselves, only the best nursing service should be available.

In presenting this discussion for your consideration, the writer has endeavored to stress the urgent and important aspects of our ward personnel problems, and while he has attempted to be impersonal and objective, he realizes he has not been entirely successful in so doing. Whether or not the suggestions favored by the writer find favor with other hospital administrators, it is hoped that some better solution of ward personnel problems can be reached by our concentrated and united efforts than we have yet been able to evolve.

THE NIGHTINGALE MEMORIAL FOUNDATION

GRACE M. FAIRLEY, Convener of the Nightingale Memorial Committee of the Canadian Nurses Association.

It is with a sense of gratification that we learn that 15 Manchester Square, so long identified with the League of Red Cross Societies, has been renamed, nay, christened Florence Nightingale International House. The lease of this beautiful residence, including the furnishings, equipment and library has been given by the League to the International Council of Nurses as the headquarters of the Florence Nightingale Memorial Foundation. Miss Olive Baggallay, the newly appointed secretary of the Foundation, now has her office at headquarters, which means a closer contact with both authorities and students. The dream of the present generation naturally is that this Memorial shall be endowed at the earliest possible date, and this can only be accomplished by the nurses of the world feeling a personal responsibility towards attaining this goal. Canadian nurses, who are members of the International Council of Nurses (by virtue of their membership in the Canadian Nurses Association) must share this responsibility and it is hoped that each province will support the national committee this coming year by soliciting funds from all nursing organizations and groups as well as from individuals who are interested in nursing education. Imagine our pride, to say nothing of our joy, when the day comes that the Florence Nightingale Memorial Foundation will be endowed, and think of the pricelessness of such a gift to the "posterity" of our profession!

A list of recent donations to the fund follows:

Alberta	
Graduate Nurses Association of Lethbridge	$ 10.00
Public Health Section, A.A.R.N.	10.00
Student Government, Royal Alexandra Hospital, Edmonton	5.00
British Columbia	
Staff, Lourdes Hospital, Campbell River	5.00
Overseas Nurses Club, Victoria	3.00
Anonymous	2.00
Manitoba	
A.A., Misericordia Hospital, Winnineg	10.00
New Brunswick	
New Brunswick Association of Registered Nurses	37.05
Ontario	
Hamilton General Hospital Nurses	25.00
Connaught Training School, Weston	20.00
A.A., Public and General Hospital, Chatham	10.00
A.A., Owen Sound General and Marine Hospital	10.00
A.A., Ottawa Civic Hospital	10.00
A.A., Grace Hospital, Walkerville	10.00

A.A., Kingston General Hospital ...	10.00
A.A., Orillia General and Soldiers' Memorial Hospital	5.00
Nurses' Registry, Norfolk General Hospital, Simcoe	5.10
Graduate Nurses Association, St. Catharines	5.00
Student Nurses, Women's General Hospital, Montreal	5.00
Overseas Nursing Sisters Association, Windsor	3.00
Newfoundland	
Miss Blanche Forsey, Grand Ben, Newfoundland	5.00
Quebec	
Student Government, Royal Victoria Hospital, Montreal	15.00

BREAKING NEW TRAILS

In June, 1933, the *Journal* referred to the inauguration of the new course for undergraduate students in the School of Nursing in the University of Toronto in these words:

THE TRAIL BREAKERS

"This School will teach the science and art of nursing. Nothing more and nothing less. The undergraduate course, for the present at least, will be so directed as to prepare students for generalized as well as for hospital nursing practice. In order to bring about this profound change in educational approach, the life of the School will be centred in its own building. The students will live, work and play together. Their hospital practice will be gained in more than one institution. The integration of the course will take place within the School itself."

Nineteen students are now taking the three-years' undergraduate course, eight of them in the first year and eleven in the second. The pioneer group make their bow in the accompanying photograph. The enrolment for the graduate course comprises eighteen students in the course for hospital staff nurses, thirty in the preliminary course in public health nursing and one in the advanced course in public health. As usual the student body is cosmopolitan. Two students have come from Russia, two from Spain, one from Greece and one from Poland. Eight provinces in the Dominion are represented. The amenities of the residence life are well shown in this charming little picture of Sunday afternoon tea in the garden.

TEA IN THE GARDEN

FARTHEST NORTH

MILDRED V. RUNDLE, Staff Nurse, Anglican Mission Hospital, Aklavik, N.W.T.

How many nurses know that there is a hospital in the Arctic Circle, only thirty miles from the Arctic Ocean? It is the most northern in the British Empire and I am delighted to say that I spent a very happy year there. This hospital is in Aklavik, North West Territories, and is

ELLEN RAT

just a frame building with ward accommodation for sixteen patients. Its equipment includes an operating room, with an X-ray machine, a dispensary and a kitchen. The nurses' quarters consist of three bedrooms, for the two nurses and the kitchen matron, and a small living-room.

Our patients are Eskimos, Loucheaux Indians and white people, but there are only thirty white people in Aklavik. The Indians "traverse" between their homes at Fort McPherson, a hundred miles to the south, and our settlement, while the Eskimos settle northward and along the Arctic coast and come in only when necessary, some of them travelling six hundred miles to us. Typhoid and tuberculosis are the most prevalent diseases, together with gastro-ententes in small children caused by eating so much meat (especially muskrat tails). We give out a great many drugs and have the complete confidence of the natives, several of whom have had operations and, at the least pain, always want the appendix removed.

Our Patients

One of the accompanying illustrations shows two Indian boys suffering from tuberculosis, and myself. Please note how complete our equipment is. And here is Ellen Rat and her little sister. Ellen is tuberculous and came sixty miles in an open canoe for treatment while suffering from an acute attack of pleurisy. A month later she was sufficiently recovered to see me off when I left on furlough. Now, we show you Rosie Jane Booniplume (better known as "Peanut"), an Indian baby whose mother was tuberculous and died shortly after the baby was born. Her death was probably hastened because she had to crawl over portages on her hands and knees when the ice was breaking up. Peanut was a seven-months baby and weighed three pounds at birth. Two months later she weighed only two and one-half pounds. But now, look at her a year later, with six teeth and able to shake hands, thanks to a diet of Borden's milk, orange juice and cod liver oil.

Life in the Arctic

For six weeks, in the middle of the summer, we have no darkness at all in this land of the midnight sun. For a month we can wear summer dresses and

PEANUT SHOWS HER TEETH

chase mosquitoes and black flies. Wild flowers spring up and even the birds visit us: robins, jays, woodpeckers, eagles, owls and pigeons. In the middle of the winter we are in darkness for six weeks, yes, black darkness, during the day, if the moon is not shining. The moon seems more beautiful here, as do the stars, and as for the Northern Lights I shall not attempt to describe them. Winter lasts from September until the end of May and woollens and furs are necessary to keep warm. Four stoves, fed with wood, keep the hospital comfortable most of the time even when the snow, on the level, is about four feet deep. The sleigh dogs are beautiful but, being part wolf, are very wild and one has to be careful to keep out of their way.

All the supplies come in from Edmonton and are naturally concentrated and tinned except for a case of oranges, potatoes and onions. For meat we rely on the caribou, rabbits, and wild ducks, but the excellent fish provide most of our diet. River water, rather dirty, is used for all purposes except drinking. Our drinking water is provided by the winter ice and huge blocks are stored in our mud tunnel-like ice-house for the summer drinking supply.

Festivals

In July the paddle-wheel steamboat arrives with the yearly supplies and new workers. Then about two hundred Eskimos and a hundred Indians gather at our settlement for two weeks and it is a gay and busy time for everybody. The natives go to church, and dance every night, joining together for square dances to the violin accompaniment of "Golden Slippers," "Turkey in the Straw" and reels. They are very musical and seem able to play any instrument you give them. The Eskimos have dances of their own which are very primitive and are descriptive of their activities. These are spurred on by the strokes of a willow stick on a drum which is made by stretching a skin over a barrel.

A lovely sight at Christmas is the arrival of the dog-teams, as many as eight teams, one after another; the cracking of whips, the jingle of bells and shouts of the drivers can be heard for miles through the crisp air, sometimes 56° below zero. They visit the hospital every day and we always shake hands and provide coffee and bannock. They are quick-witted,

THE AUTHER AND HER INDIAN PATIENTS

happy, jolly people but know when to be quiet. Sitting on the floor, telling stories or singing hymns, one cannot resist loving them. On Christmas Eve we gather at the church for a little concert given by the Indian children and, when Santa Claus arrives, every child receives a present sent by the Anglican Churches to the Mission of which we are a part. In the hospital we decorate with red and green paper, lanterns and anything we can get. Each patient has a little Christmas tree and presents. In the evening the white people have an informal dance and a special airplane usually manages to arrive near Christmas, but, at $1.50 a pound for parcels, we are satisfied with letters. Mail arrives about every two months but we only have a few hours to read and answer our letters so as to catch the returning plane. And so life goes on in our farthest north hospital.

NURSING CARE IN SCARLET FEVER

NORMA M. JAMIESON, Head Nurse, Alexandra Hospital, Montreal.

A vigorous campaign is being carried on against scarlet fever and diphtheria with a view to preventing these diseases which are so much dreaded, but, although great progress has been made, much remains to be done. Immunization against scarlet fever has so far been less successful than against diphtheria, and we are therefore still faced with the necessity of giving expert nursing care to patients suffering from it.

The Clinical Picture

There are three types of scarlet fever: the mild, where some signs and symptoms may be absent; the septic, where all signs and symptoms are greatly increased; the toxic, where the signs do not correspond to the symptoms. The typical scarlet fever patient shows a flushed face, with circumoral pallor similar to that observed in pneumonia. There is a characteristic punctate rash over all other parts of the body, being most intense on the warm areas, such as the axillae and groins. This rash is uniform and general, rarely appearing on the face; it is rough to the touch and fades on pressure. The tongue is heavily coated at first, but peels in a few days, leaving the bright strawberry tongue typical of scarlet fever. The throat is inflamed and occasionally a punctate rash appears on the soft palate, or exudate or ulceration on the tonsils may be seen. The rash fades after a few days and the temperature, which may be very high at first, comes down to normal. There is usually a very rapid pulse, out of proportion to the fever, but it returns to normal as the temperature falls.

Nursing Care

Medical asepsis, which was discussed in a previous article,* is the basis of the nursing care of any communicable disease. The daily bath, including the care of teeth, nostrils and ears, affords the nurse a splendid opportunity of getting acquainted with her patient. It is an equally good opportunity for her to observe all signs and symptoms accurately and intelligently. She should be able not only to observe accurately but to record correctly, as much of the doctor's knowledge of the patient's condition depends upon the nurse's report.

Warm gargles are given every four hours, generally of saline. If the patient is unable to gargle, the throat may be

* See *The Canadian Nurse*, July, 1934, p. 306 "Nursing Communicable Diseases."

swabbed with absorbent-wrapped applicators dipped in warm saline. If the throat is very dirty, for example in a septic case, the doctor may order the throat to be syringed. If the patient is a child, it will be necessary to "mummy" him to carry out the procedure effectively. A flannelette blanket is placed diagonally on the bed with the top corner turned down about a foot. The child is placed on the blanket with the shoulders just touching the folded edge. The left corner is brought up over the top of the body, binding down the left arm, and is tucked under the right side of the patient as far as it will go, leaving the right arm free. The surplus at the bottom is folded up firmly to secure the feet. The right corner is then brought up over the arm and the body and is fastened with a safety pin. In order to conserve linen, the drawsheet is removed, and the child is placed on the rubber sheet with the head resting on a dressing towel. The child lies on his back with his head turned towards his left shoulder, and the nurse, standing on the right, proceeds with the syringing. The tongue is held down with a tongue depressor and the throat is gently syringed with saline. A kidney basin is held at the curve of the patient's cheek to receive the return flow. If the patient is very restless, an assistant is necessary to help control him, and also to hold the mouth gag which may be used. Characteristic of the septic case is a profuse nasal discharge. If this is present, the nostrils may require syringing also. Drops of argyrol and ephedrine are installed after syringing if ordered. Quite early in the course of the disease, desquamation or peeling may begin, usually about one to two weeks after the onset. It may be in the form of a fine powdering or of extensive loss of skin. The underlying skin thus exposed may become very dry and tender. In such cases it is necessary to keep this skin soft, and vaseline is applied. Desquamation is no longer considered infectious, but is simply a sign of the progress of the disease which the nurse must watch for and report.

Some Complications

A serious complication of scarlet fever is otitis media, which may lead to a mastoiditis. An early sign of this trouble is an elevated temperature with no apparent cause. Upon examination by the doctor, reddened ear drums may be detected, in which case alcohol and boracic drops will probably be ordered. If the drum shows signs of bulging, the doctor may do a paracentesis. The ears may require syringing and the patient, if very young or restless, will have to be "mummied" and the bed prepared as before. Otherwise, the ears may be syringed in the usual manner, remembering always that it is a sterile procedure. Another complication is adenitis. There are two types, simple and suppurative. Adenitis is usually accompanied by an elevated temperature, and the glands are palpable and quite tender to the touch. The cervical

THE "MUMMY" COMPLETE

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LONDON

glands are the chief ones involved. An ice collar or ice compresses may be applied continuously, or at intervals of two hours. If surgical interference is considered necessary, hot fomentations may be ordered until the pus is sufficiently localized for operation. Hot sterile dressings are generally ordered post-operatively.

Another complication to be guarded against is nephritis, which is serious because it may do permanent damage to the kidneys. The urine is tested daily for albumen the first three days after admission to the hospital, and every three days thereafter. If albumen, which most frequently appears about the third week, is present, fluids are forced. If any considerable amount is found the diet is restricted, fluids only being given in more severe cases. If nephritis develops, a strict milk diet is ordered. Water is given freely unless oedema occurs. The patient is kept warm between blankets. The intake and output are measured and a daily specimen of urine is examined. Mag. Sulph. is given daily and hot packs may be ordered in severe cases.

Dietary Management

In this hospital, in order to prevent undue strain upon the kidneys, great emphasis is placed upon the patient's diet. Patients under sixteen years of age are, for the first twenty-one days, on a liquid diet, consisting of milk, cocoa, water freely, and fruit juices in moderation. From the tenth to the twenty-first day junket and water jellies may be added. On the twenty-first day the diet is increased with porridge, cereals and vegetable soups, and on the twenty-fifth day bread and butter is given. On the thirty-first day, chicken, fish and vegetables may be included. No dark meat is given. Adults receive a more liberal diet, the liquid diet described above being given for the first seven days. From the seventh to the fourteenth day, a soft diet consisting of porridge, cereals, soups, light desserts, bread and butter is permitted. On the fifteenth day, chicken, fish, vegetables, tea and coffee are given and on the twenty-first day a full diet, including meat.

Medication

Little medication is given beyond the necessary cathartics. Scarlet fever antitoxin (one treatment dose) is given intramuscularly—rarely intravenously—in all but mild cases. In this hospital it is administered if the patient's temperature is 100° or over. If the patient is suffering from any other disease, such as rickets or anaemia, the second condition is treated specifically.

Reactions to Serum

Scarlet fever antitoxin frequently causes a reaction in the body due to the necessity of using a horse serum preparation. This manifests itself at different periods after the injection and in different forms. One form assumes the type of a multiform erythema, an irregularly blotched rash of a bluish-pink color, in places almost morbilliform, in others erythematous, and elsewhere presenting large urticarial-looking plaques without the characteristic wheals. Here and there, circinate patches may be observed. There is often puffiness of the face, and sometimes slight oedema of the extremities. The most common rash is the urticarial, which generally manifests itself about the ninth day, and is characterized by the formation of wheals and by intense irritation. Calamine lotion, sponges, or soda bicarbonate baths or sponges are given to relieve the condition. Occasionally, adrenalin is ordered to be administered hypodermically. The fact that children, who are not inclined to self-pity, suffer less irritation from severe rashes than do adults leads to the conclusion that sympathy is not wisely given to adults in such cases. They suffer less acutely if the rash is accepted casually by the nurse, this being somewhat a question of the influence of mind over matter.

If the patient gives a history of asthma, hay fever, or urticaria, convalescent serum is used if it can be obtained. Such

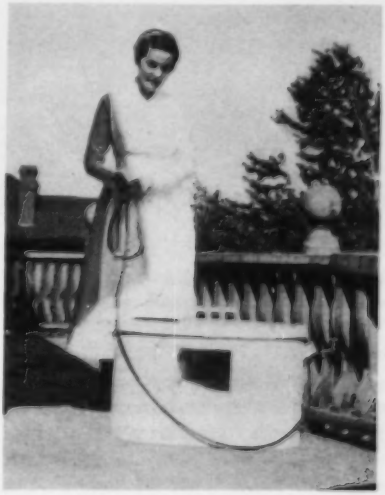
patients are very sensitive to the injection of foreign proteins, such as horse serum, and are readily subject to shock. Occasionally, scarlet fever antitoxin is given in fractional doses if convalescent serum is not procurable, in which case, as also in giving serum intravenously, the patient must be carefully watched and external heat applied during the danger period—usually within a few hours after the serum is given. Adrenalin may be given hypodermically if a reaction occurs.

Preventive Aspects

One of the duties of the nurse is to teach the children health habits, and for this she has an excellent opportunity during the long convalescence. Another of her duties is to teach the patient how to protect others from his disease. Immediately after admission to the hospital, even very small children are taught that they must not throw things on the floor, or touch the nurse's face or hair, or any uncontaminated articles in their cubicles. In caring for scarlet fever patients, it is essential that they be in clean surroundings with plenty of fresh air and sunshine. The isolation period, which varies in different communities, is a long one, and, if the patients are to be kept cheerful, they must be given sufficient amusement. In our convalescent wards there is a radio and also a library for adults and children. Female patients are encouraged to sew and knit. In warm weather, convalescent patients are allowed to go out on the grounds, where comfortable chairs are found and swings and slides are erected for the children. And thus the scarlet fever patient is helped, throughout the course of his disease, toward complete recovery.

AN IMPROVISED INCUBATOR

Miss Marion Boa, a graduate of the School for Nurses of the Montreal General Hospital and of the McGill School for Graduate Nurses, has had a varied experience in administration and teaching in schools of nursing, and private duty nursing, and is now superintendent of the Aberdeen Hospital, New Glasgow, Nova Scotia. Being in need of an incubator for babies, and lacking the necessary funds, Miss Boa ingeniously improvised and had an inexpensive but efficient incubator made out of an ordinary wash boiler at a total cost of $8.50. The dimensions are as follows: depth, 17 ins.; width, 16 ins.; length, 29 ins.; glass window, 6 x 8 ins.; open vent at rear, 2 x 7½ ins.; inside light shield, 6 ins. deep, 4 ins. wide at centre top; opening in cover to scale; temperature, 90° to 100° with an ordinary incandescent bulb. It all goes to prove that experience in the private duty field may be an excellent preparation for a hospital administrator, especially when it is amplified by the courses which are available in some of our Canadian universities.



MISS BOA'S INCUBATOR

A LOST LEADER

On December 14, 1934, after a long illness, borne with unwavering fortitude, Bertha Harmer entered into rest. In her untimely death, nursing all over the world has suffered a severe blow, and we in Canada have lost one of our ablest leaders at an age when her career had by no means reached its height.

From the very outset it was apparent that here was a mind of a most unusual calibre. In 1913 she graduated from the School of Nursing of the Toronto General Hospital, and for two years, as she herself described it "made it my business to see something of almost every form of hospital service as a head nurse and supervisor in my own hospital." In 1916 she entered Columbia University, taking successively the degrees of B.Sc., and A.M. In 1918 Miss Harmer served as

Miss Bertha Harmer

an instructor at the Vassar College Training Camp and helped to prepare college women to render military nursing service in the Great War. Later she became instructor of nursing in the School of Nursing of St. Luke's Hospital, New York, and in 1923 she was appointed, in a dual capacity, as assistant professor in the Yale University School of Nursing and first assistant in administration in the New Haven Hospital.

Happy and successful though she was in an American environment her heart was in Canada, and in 1929 she was offered and accepted the responsible task of directing the School for Graduate Nurses of McGill University. She had no more than begun her duties when the effect of the depression, with its accompanying financial anxieties, had to be faced and dealt with. Her courage rose with the need, and her faith in the ultimate success of the school never faltered for a moment. In spite of rapidly failing strength she never stopped fighting. "Of course the school will go on" she would say in that curiously deep and moving voice of hers.

To all but a few of her intimates, Bertha Harmer seemed essentially a solitary person. She did not suffer fools gladly and was at heart very shy. She found it difficult to take part in group activities, and it is in her books that she comes nearest to the rank and file of us. In the "Principles and Practice of Nursing" she created a nursing classic the influence of which has been and will continue to be felt all over the world. A complete revision of this book was her last task and was carried on, in spite of physical anguish, with a thoroughness and enthusiasm which are as characteristic of the book itself as of the woman who wrote it. The last time the writer saw her she was sitting propped up in bed, the bed table piled high with orderly folders full of typewritten manuscript. Her green shade was pushed back and the eager eyes scanned page after page, mercilessly self-critical, content with nothing less than perfection. Yet she was no disembodied intelligence: she had humour and fire enough. Yes—and a deep and even a tender insight into life and death.

It is over now; *home art gone and ta'en thy wages.* Those wages are the gratitude and respect of the women, in many countries, whose minds were kindled by that clear flame which was, and is, the spirit of Bertha Harmer.

THE EDITOR'S DESK

A Good Year?

When the history of nursing in Canada is written, 1934 will be counted a good year. To many of us this forecast will seem absurd. It brought no relief from the crushing burden of the depression. Why should it ever be called good?

To begin with, because it marked our coming of age as a national association. The slow steady building up, over a quarter of a century, of the Canadian Nurses Association has been a task which has had its difficulties and dangers. The Association must have unity, and the strength which unity gives, and yet must be sufficiently flexible to allow for differences in language and in religion. It must find ways of bridging great distances, and contrive to meet the varying needs of a scattered membership. Above all it must give full play to the energies and aspirations of the three groups which constitute its membership and, at the same time, avoid sectionalism and narrowness. At the Biennial Meeting it was clear that these ends have been achieved. The artificial barriers between the sections are breaking down and the isolation which has been the curse of the private duty group is slowly yielding to a new spirit of understanding and helpfulness.

Furthermore, we are meeting certain issues more courageously and frankly than we once did. We know that our stupid refusal, through the years, to face the problem of the competition of non-professional workers in the nursing field has had most serious results and now we are beginning to do a little constructive thinking about it. A term like "socialized nursing" no longer conjures up horrid visions of Stalin in command on Parliament Hill, but seems quite compatible with our Canadian system of government and with the regular changing of the Guard at Buckingham Palace. We are less afraid than we were of "goblins and ghosties and things which go 'bump' in the night." Yes, 1934 was a good year after all.

And in 1935?

And now to what tasks must we set our hand? One of the most pressing is that of bringing about a better understanding of nurses and nursing on the part of physicians, hospital administrators and the public generally. A keen lay observer at the Biennial Meeting said: "Where are the doctors, the hospital people, the public?" True, they had been invited, but next time we must not stop short at invitations—we must compel them to come in. And a lot of quiet and persistent persuasion will be necessary before that happens. Yet it must be brought about. Neither nursing practice nor nursing education is carried on in a vacuum; we are a part of the social and economic life of our time.

Readers' Guide

This month we present, as our leading article, Dr. Stevenson's carefully thought out plan for nursing service and education in mental hospitals. As the able superintendent of one of the largest mental hospitals in Canada, and as a physician with a broad conception of the functions of nurses in a modern community, he will receive our close attention. In "Farthest North" Miss Rundle takes us into the Arctic Circle and, in "The evolution of a hobby", Miss Greenwood shows us how to put a hobby to work. While she was writing her article on the nursing of scarlet fever Miss Jamieson was a member of the nursing staff of the Alexandra Hospital in Montreal; she is now instructress of nurses in the Sherbrooke General Hospital. When we wrote "What do you think about it?" we evidently touched off several live wires. Look at the sparks that are still flying! And there is light as well as heat. And don't forget to read *Notes from the National Office* so that you may keep informed of the work which the national committees are doing.

Department of Public Health Nursing

THE EVOLUTION OF A HOBBY

C. ETHEL GREENWOOD, Assistant Superintendent, Toronto Branch, Victorian Order of Nurses.

There was not an old spinning-wheel in the parlour in my village home of childhood days but there was a costume trunk in the attic. Well! not really, because there wasn't an attic but room was always found somewhere for the costume trunk. In response to the well-worn phrase, "Mother, can you dress me as so-and-so?", the contents of the trunk appeared at school fêtes, calithumpian parades, plays and skating carnivals. Our favourite game was "Concert" and, according to family legend, I, as self-appointed master of ceremonies, gravely announced one day from the soap-box stage: "We will now have a duet by three." Home life was enlivened with mimicry and many outside happenings were dramatized in recital, while no story of entertainment or travel lacked interest for want of exaggeration or embellishment.

Genius Burns

An extract from an old diary, dated February, 1899, reads: "Mabel and I are hard at work on our play and Leonard is writing an Indian love story of bows and arrows and locks of maiden's hair, so in our house one can well say that genius burns." The play was inspired by a sentimental love song, "In Old Madrid," and dealt with the tragic story of "Lenore, my own Lenore," played by Mabel and Don Carlos, her lover. Resplendent in white satin breeches, a cloak and a hat with a plume worn jauntily over black hair, curled in long ringlets on a hot poker, Don Carlos (myself) was smuggled into the castle in a tall clothes hamper. Later a duel was fought with wooden swords and in memory I still hear the agonized cry: "Don Carlos! Don Carlos!" as Lenore fell across the wounded hero's mirth-shaken form. The play was presented that year with two short farces, at amateur theatricals, arranged to raise funds for "The Willing Workers Band" which eventually bought an organ for the church. There were the usual vicissitudes faced by every producer, and at one rehearsal the cast almost split up because we dared to criticize the grace and realism with which a schoolgirl friend fell in a faint upon a sagging couch which, we admitted, was none too downy. Invitations were sent out carefully marked "Admission 10c" and on two successive nights fifty guests were crowded into the old drawing-room at one end of which father had built a stage.

As we grew older we became members of a dramatic club organized by father which was successful in buying second-hand scenery and installing it in the old drill shed. Here, for several years, a performance was put on at the time of the fall fair. One-act plays were chosen, preferably with the character of an old man —father's strong suit—and a small boy to include Leonard, now about eleven. Mabel and I were cast to play anything from the wife of the old man to the sophisticated young woman, the *ingénue*, or the pert maid servant. Leonard, more than the rest of us, developed his early flair as an entertainer and must have been a source of joy and courage through weary hours in trench and billet during the war. Returning from overseas he interested himself in Masonry and became the entertainer at many a banquet of neighboring lodges. His humorous chuckling voice, as they heard it in "The 'Ole in the Road" or "Casey at the Bat," must have sounded in the ears of many members of the Amputation Association and

of Credit Lodge, Georgetown, as they stood, in 1931, about the open grave of their Immediate Past Master.

Dramatizing Nursing

Enough of reminiscences. During a postgraduate year at the University of Toronto I realized the possibilities, as an interpreter of professional ideals and as a publicity agent, of a nurse with experience as a speaker. It was not, however, until I became supervisor of student fieldwork with the Victorian Order that thoughts of dramatizing public health teaching began to simmer.

In the early days of demonstrations for student and staff nurses the importance of of routine in nursing procedure was stressed, reasons for method explained, and discussion encouraged. Then, as the simmering thoughts began to bubble, emphasis was placed on incidental teaching, especially the demonstration of post-partum and infant care. In a one-sided conversation, the dummy was taught the care of the baby, immunization of pre-school children, diet and health for the whole family. For an ideal pupil I recommend a dummy because she never interrupts with details of her friend's operation for "very close" veins, and asks only the questions for which the teacher has a good answer ready. Mrs. Brown, the dummy of the Toronto branch, has an international reputation, according to the number of enquiries as to her welfare, from former students I met at the I.C.N. One hoped they would say, like the amorous radio tenor, "It was not her beauty alone that won me"; that they recalled the teaching content of the demonstration, rather than the absurd lines of her pillow body to which the legs are pinned. Legs did I say? Well! at least we achieved knee joints by stuffing laparotomy stockings with two one-pound rolls of absorbent cotton. Later she developed arms and a head with braids of red wool hair and a face modelled by an art student.

Demonstrations of post-partum care and preparation of the room for confinement were given for some time before we developed the ante-natal and the post-natal welfare visit. These, as a rule, are conversations between the nurse and the imaginary patient, whose part on very special occasions has been taken by a second nurse. One warm spring day fifty nurses, attending a refresher course at the University, were crowded into the board room, while I made a very special visit with Miss Winter acting as the ante-natal patient. Imagine my consternation when I found her temperature was 99.4!

In 1927, at Miss Smellie's request, Miss Winter, Miss Edna Clarke (now Mrs. McLean, of Brampton), and myself, wrote "A Three in One Visit", as an illustration of the teaching value of bedside care. We produced this demonstration play at the annual meeting of the R.N.A.O. in St. Catharines, and have frequently loaned it for use in other branches. The scene opens with Mrs. O'Grady (Miss Winter), all clean and tidy in bed, watching Miss Teacher (myself), bath her baby. She makes all the absurd remarks and objections to the teaching points that we had always imagined were contributed by the inarticulate Mrs. Brown. She mentions a fellow-roomer, Mrs. Hawkins, who "will be after nading the nurse in the fall." Miss Teacher promptly despatches Bridget, a pre-school child, to bring her down. Mrs. Hawkins (Miss Clarke), arrives and is given ante-natal instruction while Miss Teacher dresses the baby. Mrs. Hawkins departs and Mrs. Smith (Miss Clarke again), appears carrying her baby. She has "come to do the wash for Mrs. O'Grady" and is "that glad to catch the nurse who can weigh the baby."

Our next dramatic effort was "Visiting Rosie",—a skit written by Miss Clarke and myself to show that entrance to the home is not always easy but that once inside, the nurse may advice Mrs. Eiselbaum, Rosie's protesting landlady, in regard to the feeding difficulties of

her "darlink baby," before she sees poor sick Rosie at all. We produced and played this at a Regional Conference of the Victorian Order held at Hamilton and repeated it later in Brampton to raise funds for the branch. After that we felt equal to anything in the dramatic line and there followed a rapid succession of demonstrations and skits.

For four years we assisted the National Council of Women with Health Day at the Canadian National Exhibition, presenting everything from bag technique or bathing the baby to conducting a mother's club on the platform. We became familiar with every difficulty: moving audiences; noise; cramped space necessitating a minimum of stage properties and we seldom enjoyed the luxury of a curtain or screens. We learned that brevity is the soul of wit; that our teaching material must be to the point, relieved with dignified humor and adapted to the type of audience.

Then came radio. In 1931 the Federation for Community Service and the Child Welfare Council of Toronto arranged a series of Sunday afternoon broadcasts over C.F.C.A. Each week Father and Mother Newcome, who sold their farm and came to Toronto with their large family, were introduced to different community services. I played the part of Mother Newcome and wrote the episode in which the Victorian Order Nurse was sent in by the doctor when the family had the "flu."

During that year I attended evening classes in drama at the Toronto University to learn something of stage grouping and lighting effects which I hoped would be useful in exhibit work as well. For the past two years we have demonstrated, with dialogue, some phase of our work at the meeting for women canvassers just prior to the campaign for Federation for Community Service. By encouraging potential ability in different members of the staff we have kept up the interest in our performances and now have two people, besides Miss Winter, who play up splendidly to any lead. We made a new venture this year when we trained a patient to play the part of the mother in a three-minute dialogue demonstration of a post-natal welfare visit. For two successive years we have assisted the Child Welfare Council in organizing the programme for the Mothers' Day Festival and in co-operation with the Health Department, the Visiting Housekeepers Association and the St. Elizabeth Visiting Nurses Association we wrote and produced a skit of four short scenes, illustrating the available maternity services of the city.

Note of Interrogation

And now I begin to question whether this drama and skit craze, as an interpretation of health and social work, has not been overdone. Such retrospection, or introspection, is not unusual as a vacation approaches but I wonder whether in my zeal for dramatic effect the original purpose—teaching—has not grown befogged. Am I using my profession as an outlet for my hobby? I encourage myself, however, by recalling an incident of earlier days when I played in a skit written by Miss Percy, for the Annual Meeting in Ottawa. This was a discussion of the problems of a "single nurse district" between the nurse and an enquiring board member. Following the performance a member of the audience said to me: "Well, you've missed your calling", and I had the impertinence to retort, "Why? Have you heard I'm not a good nurse?" Surely if we carry this thought as ballast we may keep an even keel in these days when "all the world's a stage."

Department of Private Duty Nursing

WHAT DO YOU THINK ABOUT IT?

In the November number of the *Journal*, under this same caption, reference was made to a conviction which appears to be strongly held in some quarters that highly educated and well prepared nurses are likely to be commercial and to lack those qualities of mind and heart which are especially desirable in private practice. In December we published a letter from "An Ontario Nurse" vigorously denying that there is any connection between a sound educational preparation and commercialism. This month we present yet another point of view held by a contributor who is herself an educator of nurses but prefers to remain anonymous:

I teach pupil nurses, therefore I am interested in the problem of supply and demand. I am also aware of the lack of supervision and the lack of qualifications of the nurse in the house. The conditions and experiences necessary to supply these are not available during training, namely:

Supervision of the young graduate in the home;

Familiarity with household management;

Courage to face the unknown as they enter a new home;

Ability to meet the demand for rapid adjustment in the household as distinct from the sick room.

Now, in the smaller cities, could we not combine the registries and the visiting housekeeper's service? The new graduate, while awaiting her call on the registry, could be taught the work of the visiting housekeeper and take this call. Wages and hours of duty would be the same, at this time, as those of the housekeeper. The benefits for the new graduate would be:

Supervision in the home;

An opportunity to learn household management;

An opportunity to adjust oneself to new household situations, thereby increasing the nurse's experience and confidence;

An opportunity of service where she is needed, thus proving to the public the existence on the real spirit of nursing;

An ideal opportunity for health teaching;

A tendency to lessen the increase of non-registered attendants for the sick.

Could this be tried? Is is too idealistic? Could this be made the first step towards broadening the scope of registries? Could this be general, or is it only adaptable to certain communities? If this suggestion has any practical value what should be the first move "towards action"? What do you think about it? I think the real spirit of nursing is still in our midst. All we lack is a means for putting it to work.

No sooner was this letter sent to the printer than along came another, written from a different point of view, but reaching much the same conclusions. The writer is a private duty nurse, practising in Nova Scotia, and she, like the teacher of nurses, sees the need of special preparation for the private duty field:

Since reading "What do you think about it?" in the November number of *The Canadian Nurse*, I have been doing some serious thinking and have decided to take up my pen on behalf of the private duty nurse. A good deal has been said lately for the practical nurse as against the graduate nurse. Here is something on the other side of the question. It is an experience I had a few years ago in Ontario. I was sent to a small town on a case where there had been a practical nurse before me. My patient was a young married woman with a two-year old child and another one on the way. She had had influenza which had left her with both antrums infected and she had also been suffering from pernicious vomiting. There was no help in the house with the exception of the woman who came once a week to do the washing. That first night, after bathing my patient and making her comfortable, I was surprised to hear her say, "I feel better already. I could not let the practical nurse bathe me. She did it once, and left so much water in the bed that I had a chill and she fed me on bread and milk all the time she was here." After I had been there a while she said to me one day, "I hesitated for a long while before asking for a graduate nurse, because it was impossible to get a maid and I did not know there were any nurses who would look after me, get my husband's meals and do the housekeeping."

I attended the Biennial Meeting in Toronto

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and it seemed to me that there was too much stress put on education for the private duty nurse. If a young woman does not love nursing down to the last hair on her head, and if she does not want to be a nurse more than anything else in the world, all the degrees in the world will not make her one. Would it not be better if more attention were paid to the practical side of nursing for the nurse who is going to do private duty nursing? A nurse leaves the hospital after her three years' training, having had everything at hand to work with and her work planned for her; she gets no training in make-shifts, nor in how to get the best results from the simple equipment.

A few years ago there were many city nurses who would not take a case outside the city, nor a home case in the city. In fact, many would not nurse outside their own hospital. Of course, this is entirely wrong, but is the nurse altogether to blame? She is not trained for home nursing and perhaps with some there is an element of fear. She is afraid she may get into a situation she cannot cope with and she also may lack a spirit of adventure and would rather work in surroundings she knows. We only hear complaint of the private duty nurse. The public health nurse is given special training for her work and so also is the hospital administrator. The private duty nurse does the best she can without special training and gets all the abuse. Is this fair? Why not give us a better preparation for nursing in the home?

There appears to have been some misunderstanding of the discussions on education which took place at the Biennial Meeting. Very little was said about "degrees for nurses" but much was said about the advantages of linking up schools of nursing with universities. Such a link would not necessarily involve the granting of degrees at all. Private nurses are not "getting too much education"; the real trouble is that they are not getting nearly enough of the right kind. Read these two letters in relation to one another and you will find that the first suggests an answer to the second. And after you have read both, read again Dr. Wallace's address: "A challenge to the profession" which appeared in the August issue of the *Journal*.

Department of Nursing Education

NURSES' CLINICAL NOTES

DONALD C. BALL, M.D., F.A.C.S., Clinical Instructor in Surgery, Western Reserve University, Cleveland, Ohio.

For years our educational institutions have been dominated by pedagogues who have staked everything on a system of teaching. "Follow the system" and you are freed forever from the burden of thinking. It would seem that our nurses' training schools have become as badly entangled in "the system" as have our other schools. In attempting to become educational institutions, they have apparently forgotten that the primary function of "training" is just what it implies—the development of certain skills—and in that sense is not unlike carpentry, or plumbing, or wood-carving. Education should mean something else: development of intellectual faculties in contradistinction to manual dexterity.

It is with the educational functions of a training school that I would quarrel, and in particular with the systematic making and remaking of nurses' clinical notes. When one considers the hours spent by nurses in making and remaking these notes, and the repetition of temperature, pulse and respiration already recorded on the graphic sheet, it would seem reasonable to question the system.

I read nurses' notes because at times I find valuable information. The occasions are rare, but at long intervals gold is struck. Now, it is interesting to know who has made a valuable notation. Almost without exception the observation has been made by some probationer or student nurse in her first few weeks of training.

The doctor sees the patient, who has been hospitalized for weeks "for observation." He reads through pages of the interne's history and notes and finds little to guide him. He reads through pages of nurses' notes and finds less. Then, in a note in a different hand, "The patient's head aches. She does not seem to see what is on the right side of her tray." On inquiry, he learns from the head nurse that a very young pupil nurse made the note, and—by implication—the doctor should not judge too harshly. Inasmuch as this patient has a temporal lobe tumor, and this is the only notation of value on the chart, the doctor does not judge too harshly! And this is not an isolated instance.

It is with difficulty that one can learn whether a jaundiced patient has clay-colored stools and a dark urine unless some very green pupil nurse is caring for him. A patient is bleeding from a carcinoma of the cervix, and is under treatment with radium and X-ray; the nurse's notes carefully avoid any mention of bleeding, day after day, and comment as follows: "2 p.m., *Patient listening to radio.* 3 p.m., *Visiting with relatives.* 5.30 p.m., *Evening care; no complaints.*" From the patient only, and not from the notes, the extent of the bleeding is learned.

When an untutored nurse makes and records almost invaluable observations, and when that same nurse has been "trained" and uses polysyllabic Latin and Greek derivatives profusely — splendid words like hallucinations, fibrillation, tachycardia and hyperpyrexia—and then ceases to make valuable observations and record them, something may be wrong with the "training."

I would suggest that the comfort of the patient, and the recording of pertinent information only, is more important than beautifully charted inanity. Personally, I should prefer: "She does not seem to see what is on the right side

of her tray" on a page filled with erasures, than neatly recorded "Evening care; no complaints" on a spotless page.

(This stimulating article originally appeared in the *Courier*, which is the journal of the National Catholic Federation of Nurses.—EDITOR.)

Book Reviews

HOSPITAL ADMINISTRATION FOR WOMEN, by Emily Macmanus, Matron, Guy's Hospital, London, England. 356 pages. Price: fifteen shillings. Published by Faber & Faber Ltd., 24 Russell Square, London, W.C.1.

Of some good books it has been said "who touches this book, touches the man." In this book one touches, and closely, that most challenging of nursing personalities—the Matron of an English hospital. Its pages are a crystal in which one may discern the crowded yet orderly procession of hospital days, each filled to overflowing with nursing concerns and duties. Indeed it is as a picture of hospital nursing in England that it will be eagerly read in Canada. The detailed studies of departmental and ward administration and of teaching programmes are not applicable in this country though they may well serve as a basis for an analysis and comparison of Canadian and English methods. Nevertheless the impression given by the book as a whole is excellent in that it conveys that sense of order, discipline, devotion and ungrudging service so characteristic of English hospitals and English nurses. The author is to be congratulated on making this valuable contribution to the literature of nursing; no one but an English Hospital Matron could have written it.

TEXTBOOK OF ANATOMY AND PHYSIOLOGY, by Diana Clifford Kimber, Carolyn E. Gray, A.M., R.N., and Caroline E. Stackpoole, A.M., Associate in Biology, Teachers College, Columbia University. Ninth edition. Fully revised. 640 pages. Profusely illustrated, some in colour. Probable price in Canada, $3.60. Published by the Macmillan Company of Canada, 70 Bond St., Toronto.

This textbook, the first edition of which appeared forty years ago, has grown in value with the years. The latest revision brings it thoroughly up-to-date. The collaboration of a teacher who is a master of her subject and of a nurse educator whose authority is unquestioned has, in this instance, brought about excellent results.

NUTRITION AND DIET THERAPY, a textbook of dietetics, by Fairfax T. Proudfit, Instructor in nutrition and diet therapy, University of Tennessee and Memphis General Hospital School of Nursing. Sixth edition, completely revised and re-set. 834 pages. Illustrated, some in colour. Probable price in Canada, $3.30. Published by the Macmillan Company of Canada, 70 Bond St., Toronto.

The increasing use of diet as a therapeutic measure makes a corresponding demand upon the knowledge and skill of the nurse. This volume is divided into four sections, dealing respectively with normal nutrition for adults, children and infants; the selection and care of food; diet therapy; preparation of food. The subject matter is well arranged and is rich in content. Useful summaries have been made and the questions for review will be found stimulating. This book will be found particularly valuable to public health and private duty nurses.

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. . . OFF . . . DUTY . . .

We are hopelessly addicted . . . to the nefarious practice . . . of attending nurses' meetings . . . Even when they are not . . . in the line of duty . . . we usually turn up . . . because we rather like them . . . It must be admitted . . . that some are rather dull . . . but every now and then . . . one comes along . . . which redeems all the rest . . . The other evening . . . that was just what happened . . . To begin with . . . the group was small . . . and the chairs were comfortable . . . not those purgatorial affairs . . . one associates with gatherings in the Odd-fellows Hall . . . The room itself was the right setting . . . for the speaker of the evening . . . because it had both digity and charm . . . We found ourselves realizing . . . how pleasant it is . . . to listen to good English . . . when it is well spoken . . . by an English woman . . . who is herself a distinguished scholar . . . and yet talked to us about education . . . without any condescension . . . She compared it to an intricate tapestry . . . the work of many hands . . . some tracing the design . . . others filling in the background . . . stitch by stitch . . . Sometimes she read a sentence or two . . . from an old book . . . or a new one . . . by way of illustration . . . Occasionally she poked a little gentle fun . . . at the solemn science of pedagogy . . . She even congratulated us . . . on our present system of nursing education . . . (just think of anyone doing that!) . . . because she thinks we do learn . . . to do something useful . . . This heretical conception . . . of the true aim of education . . . would shock Mr. Abraham Flexner profoundly . . . but we were filled with unholy glee . . . Then we were warned against the heresy . . . of training for leadership . . . Give everyone good, sound teaching . . . and the leaders will emerge anyway . . . Quite so . . . in fact our experience is that you can't keep them down . . . Presently we were brought back . . . to the conception of education as tapestry . . . students and teachers working together . . . back-ground and design . . . one just as necessary as the other . . . one complementing and fulfilling the other . . . like Hiawatha's bow and arrow . . . "useless each without the other" . . . (our simile, not the speaker's) . . . What we liked best of all . . . was her admission . . . half satirical, half wistful . . . that most of us . . . all our lives . . . must work away on the monotones of the background . . . Not for us the bright threads . . . nor even the purple patches . . . Yet it is heartening to remember . . . that after all . . . the background is part of the pattern . . . and that without it the brightest threads . . . have neither significance nor value . . . At the very end we were reminded . . . that we ourselves may never see the finished work . . . Yet as we set in its true place . . . stitch after stitch . . . there comes a sense of pattern . . . the tapestry of which our very lives are warp and woof . . . On the way home . . . we decided that more meetings . . . should be like that . . . There had been the background of the listeners . . . intent and responsive . . . there had been the design of the address . . . clear, ironical, even gay . . . Together, audience and speaker had contrived a work of art . . . and the coffee had been superlatively good . . . If we may be permitted a fashion note . . . we liked the soft, cloudy gray gown . . . and the frivolous silver sandals . . . Yes, more meetings should be like that . . . and more speakers . . .

WHEN WINTER WINDS BLOW

January-February blizzards are "just around the corner," waiting to catch the unwary, those unfortunates whose low resistance to respiratory infections constitute a never-ending problem for the physician.

Clinical experience does give us, however, sound reason to believe that vitamin A and D therapy builds up a definite resistance to the inroads of infection of the epithelial tract.

Alphamettes provide an excellent medium for vitamin A and D therapy. Each small 3-minim capsule exhibits the complete vitamin value of 3 teaspoonfuls of Cod Liver Oil* and, being a simple defatted concentrate of Cod Liver Oil, retains the same natural vitamin A and D ratio that long clinical experience has established as being sound and practical.

The usual prophylactic dose is 1 to 3 capsules daily. We will be glad to mail you literature.

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MONTREAL CANADA

ALPHAMETTES

Notes from the National Office

Contributed by JEAN S. WILSON, Reg. N., Executive Secretary.

While the Executive Committee of the Canadian Nurses Association is the body responsible for the business of the Association in the interim between general meetings, which are held biennially, professional organization projects and problems that require study and development or clarification are delegated to special committees. Some of these committees function for a two-year period or less, while others continue for a number of years. A prime factor in choosing personnel for these committees is that, so far as possible, the members appointed should be regionally representative of the entire Dominion, though this plan must sometimes be given secondary consideration when it is essential that committee members should have opportunity for occasional conference in person. Therefore, in selecting certain committees the Executive Committee, of necessity, must appoint within a limited area, members who possess experience and interest in the project for which the appointment of a special committee becomes necessary after a general meeting. The findings and recommendations of a special committee must receive the endorsation of the Executive Committee previous to the presentation of such to the Association as a whole.

After a general meeting of the C.N.A. re-appointment of a special committee for another two-year period is necessary when the purpose for which it was organized requires further deliberation by a selected and representative group. A list of the committees with personnel, now functioning in the interests of the C.N.A. is published herewith so that the membership at large may become informed of the national organisation's specific projects for this year. The year when it was first formed is shown for each committee.

National Joint Study Committee of the Canadian Medical Association and the Canadian Nurses Association (1927).—The C.N.A. representatives are: Misses Jean I. Gunn, E. Kathleen Russell, Ruby M. Simpson and Jean E. Browne, Secretary, 410 Sherbourne Street, Toronto. Corresponding Provincial Committees are organized.

National Enrolment for Emergency Service Committee (1926)—Convener: Miss Ruby E. Hamilton, 410 Sherbourne Street, Toronto. Members: Misses E. MacPherson Dickson, Ruby M. Simpson, Rahno Beamish, and a representative appointed by each Provincial Association.

Florence Nightingale Memorial Committee (1932)—Convener: Miss Grace M. Fairley, Vancouver General Hospital, Vancouver. Members: Misses M. F. Gray, F. H. M. Emory, J. I. Gunn, the President, Miss R. M. Simpson (ex officio), and the conveners of corresponding Provincial Committees as follows: Alberta: Miss E. McPhedran, British Columbia, Miss K. I. Sanderson; New Brunswick, Miss F. Coleman; Nova Scotia, Miss M. J. Graham; Ontario, Miss R. E. Hamilton; Prince Edward Island, Miss I. Gillan; Quebec, Miss M. K. Holt; Saskatchewan, Miss E. Amas; Manitoba, to be appointed.

Florence Nightingale Scholarship Award Committee (1934)—Convener: Miss Jean E. Browne, 410 Sherbourne St., Toronto. Members: Misses M. F. Hersey, F. H. M. Emory, G. M. Fairley, M. McMullen and the President, Miss R. M. Simpson (ex officio).

Mary Agnes Snively Memorial Committee (1933)—Convener: Miss Jean E. Browne, 410 Sherbourne Street, Toronto. Members: Misses J. I. Gunn, E. MacP. Dickson, M. F. Hersey and F. H. M. Emory.

Dominion Registration Committee (1934)—Convener: Miss E. MacP. Dickson, Earl Apartments, Apt. 5, Earl and Huntley Streets, Toronto. Members: Misses F. H. M. Emory and E. M. McKee, and a representative appointed by each Provincial Association: Alberta, Miss R. Thompson; Manitoba, Miss E. M. Smith; New Brunswick, Miss M. E. Retallick; Nova Scotia, Miss M. Boa; Ontario, Miss M. B. Millman; Prince Edward Island, Miss I. Gillan; Quebec, Miss E. F. Upton; British Columbia, —; Saskatchewan, —.

Study of Registries Committee (1934)—Convener: Miss I. M. MacIntosh, 75 Queen Street South, Hamilton. Members: Misses M. R. Chisholm, M. Buck and a representative appointed by each Provincial Association: Alberta, Mrs. A. E. Vango; Manitoba, Miss Jessie Kerr; New Brunswick, Miss M. Mc-

Mullen; Nova Scotia, Miss M. J. Graham; Ontario, Miss J. L. Church; Prince Edward Island, Miss Estelle Murphy; Quebec, Miss C. M. Watling; British Columbia, —; Saskatchewan, —.

Publicity for Higher Education for Nurses Committee (1933)—Convener: Miss M. F. Hersey, Royal Victoria Hospital, Montreal. Members: Misses E. F. Upton, E. Johns and M. Lindeburgh.

Curriculum for Nurses-in-Training in Mental Hospitals Committee (1933)—Convener: Miss N. D. Fidler, The Ontario Hospital, Whitby. Members: Misses E. F. Upton and M. Lindeburgh.

Exchange of Nurses Committee (1930)—Convener: Miss Jean E. Browne, 410 Sherbourne Street, Toronto. Members: Misses M. F. Hersey, M. K. Holt, Nora Moore, K. W. Ellis, J. I. Gunn, R. E. Hamilton and P. B. Austin.

Committee to observe the use of the figure of a nurse in non-professional advertisements (1933)—Convener: Miss Emily Reed, 5587 Park Avenue, Apt. 5, Montreal. Members: Misses G. E. Blakney, A. Whitehead, A. E. Wells and S. L. Shearer.

Religious Guilds for Nurses Committee (1932)—Convener: Miss M. K. Holt, The Montreal General Hospital, Montreal.

The Nightingale Scholarship

As announced in the December number of *The Canadian Nurse*, the Canadian Nurses Association is offering a scholarship to enable a member of the Association to attend the 1935-1936 session of the postgraduate course organized by the Florence Nightingale International Foundation. The course is given at Bedford College (University of London) in conjunction with the College of Nursing and the scholarship nurse has the privilege of residing at 15 Manchester Square, London, where she is brought in contact with nurse students from all parts of the world. The course opens on August 15, 1935, and closes on July 1, 1936. The session is divided into three terms, averaging ten to eleven weeks each. The scholarship offered by the C.N.A. provides only for tuition, books, residence with board at 15 Manchester Square, and a small allowance for incidental expenses such as laundry, stationery and so forth. Other expenses including travelling, must be met by the successful candidate. Payment of the amount awarded under this scholarship is made directly to the Florence Nightingale International Foundation by the Canadian Nurses Association.

FLORENCE NIGHTINGALE MEMORIAL FOUNDATION SCHOLARSHIP

A scholarship of the value of twelve hundred and fifty dollars ($1250) is offered by the Canadian Nurses Association for the purpose of taking a course at Bedford College, London, England, during the session 1935-36 for either (1) Nurse Administrators and Teachers in Schools of Nursing, or (2) Public Health.

Applicants must be graduates of an approved School of Nursing and be registered in the province in which they are actively engaged in nursing. The age limit is 41 years. Application blanks and calendars giving full information of the courses may be had on request, from

The Executive Secretary,
CANADIAN NURSES ASSOCIATION
1411 Crescent Street, Montreal,

to whom completed applications should be returned not later than March 1, 1935, along with necessary forms and credentials.

WANTED

For an instructor's position in a school of nursing, a nurse who has had experience as a supervisor in hospital. A particularly good background of general education (*quite apart from nursing courses*) is necessary.

Apply to Box No. 5,
THE CANADIAN NURSE
1411 Crescent Street - Montreal

News Notes

News items intended for publication in the ensuing issue must reach the Journal not later than the eighth of the preceding month. In order to ensure accuracy all contributions should be typewritten and double-spaced.

ALBERTA

CALGARY: Interesting to Calgarians is news of the postgraduate studies of local nurses, now pursuing their careers elsewhere in Canada and the United States: Miss M. Carpenter (Calgary General Hospital) has completed a public health course at the School of Nursing, University of Toronto, and accepted a position with the provincial public health department at Stanmore. Miss L. Bibby and Miss M. Kidney, graduates of the Calgary General Hospital (classes 1933 and 1934 respectively), each winning the scholarship presented annually for the highest standing in theory, are now students at the School of Nursing, University of Toronto, taking the public health course. Miss B. McMurchy (Calgary General Hospital, 1933) who, during the present year, occupied a position on the supervising staff, is now a student at the School of Nursing, University of British Columbia. Miss M. Turner (Calgary General Hospital, 1933), formerly a resident of Calgary, has recently completed a postgraduate course at the Sick Children's Hospital in Toronto.

CALGARY: The Calgary Association of Graduate Nurses gave a dinner during November in honour of Dame Janet Campbell. Later in the evening she gave a most interesting address to a large gathering of nurses at the Holy Cross Hospital and explained many of the differences in the methods of training between England and Canada, especially in regard to maternity training. She stressed the value of public health training for nurses in every branch of the profession, and expressed her approval of the fact that Calgary training schools are giving some of their students public health experience by means of co-operation with the Victorian Order. The Calgary Group Nursing Society is being kept very busy. In their first month they did over 600 days' nursing, proving that as Miss Maberley, their president, says: "The work is there to be done if it can be done at a price within the reach of the people."

LAMONT: Miss Ruth Hulett (Lamont, 1924) is enjoying a course at the United Church National Training School preparatory to Missionary Service.

MARRIED: On October 18, 1934, Miss Janet Alton (Lamont, 1929), to Mr. Andrew Ferguson of Two Hills, Alta.

EDMONTON: Beginning with the New Year an eight-hour-day schedule for pupil nurses will be followed in the schools of nursing of the University and the Royal Alexandra Hospitals, Edmonton, Alberta.

MEDICINE HAT: Miss Laura C. Pepper of the Department of Agriculture, Ottawa, recently gave an interesting talk to the student nurses of the Medicine Hat school of nursing on diets, stressing the nutrient value of milk products.

MARRIED: Miss Juanita McWilliams (Medicine Hat G.H., 1934), to Mr. Aubrey McKinley.

BRITISH COLUMBIA

The following resolution was passed by the General Nursing Council for England and Wales and has been accepted by the Graduate Nurses Association of British Columbia: "That the General Nursing Council of England and Wales agrees to accept for Registration and Reciprocity: (1) Nurses trained in a General Hospital in British Columbia and registered under the Registered Nurses Act by the Graduate Nurses Association of British Columbia; (2) Nurses trained in England and Wales in a General Hospital approved by the General Nursing Council for England and Wales and registered by the Graduate Nurses Association of British Columbia, on the understanding that nurses registered on the General Part of the register of the General Nursing Council for England and Wales will be accepted for registration by the Graduate Nurses Association of British Columbia under the following conditions: (a) That the educational standard of the applicant can be evaluated as corresponding to the educational standard required in British Columbia; (b) That the applicants who have not had a course in obstetrics equivalent to the undergraduate course given in British Columbia, will be required to take a postgraduate course in obstetrics acceptable to the Nursing Council of the Graduate Nurses Association before registration."

MANITOBA

BRANDON: The Brandon Graduate Nurses Association at its November meeting was addressed by Dr. D. E. Cameron, who spoke on the problems of child development and brought forward examples of the problems considered in the mental hygiene clinic that is being carried on in the city. Mrs. S. J. S. Peirce expressed the appreciation of the meeting to Dr. Cameron. At the December meeting the doctors wives' group took charge, Mrs. Johnson introducing the guest speaker, Dr. McLaurin.

ANNOUNCING

YOU CAN NOW PRESCRIBE KONDREMUL WITH CASCARA (NON-BITTER)

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DOSE:

ADULTS:—Two or three dessert-spoonfuls at night before the evening meal, and in the morning before breakfast. Then once a day till bowels become normal.

CHILDREN:—One or two dessert-spoonfuls at night is usually sufficient.

Best results are obtained when taken on an empty stomach just before meals.

After the severe constipation has been controlled, KONDREMUL with CASCARA can usually be discontinued and the regulatory treatment continued with KONDREMUL—PLAIN.

THREE TYPES

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TORONTO MONTREAL RICHMOND, Va.

His subject, "The adventures of an amateur doctor in India," was most interesting. Mrs. Darrach expressed appreciation of this fine address.

ST. BONIFACE: At a recent meeting of the St. Boniface Alumnae Association the members were greatly interested in the report given by Miss K. McCallum, president, and convener of the private duty section of the M.A. R.N., of the Biennial Meeting of Toronto. The Alumnae Association entertained at a dance on Nov. 21. The dance was under the patronage of Dr. and Mrs. J. D. Adamson and Dr. and Mrs. C. E. Corrigan.

WINNIPEG: A general meeting of the Manitoba Association of Registered Nurses was held on Nov. 8. On the following evening, Miss Ruby Simpson, president of the Canadian Nurses Association, addressed a special meeting of the Association; her subject was "The advisability of appointing a training school adviser for the Province of Manitoba." There was a large attendance.

NEW BRUNSWICK

MONCTON: A meeting of the local chapter N.B.A.R.N. was held on Dec. 3 when $50.00 was voted for the upkeep of a room in the hospital, $5.00 is to be spent on presents for the children's ward, and at Christmas the sick nurses will also be remembered. *The Canadian Nurse* will be given to the student nurses as a Christmas gift.

SAINT JOHN: A meeting of the Alumnae Association of St. Joseph's Hospital was held on Nov. 5 and plans were made for continuing the Study Club for the season. The following are the officers of the Association: President, Miss M. Carey; vice-president, Miss M. Sullivan; secretary, Miss G. Nolan; treasurer, Miss M. Milan; executive, Misses E. Nash, N. Callaghan, Mrs. J. L. Mullalay. Study Club: President, Miss H. Guilfoil; secretary, Miss K. McCarthy; representative to *The Canadian Nurse*, Miss Catherine E. Bardsley.

SAINT JOHN: A successful card party was held on Nov. 7 under the auspices of the Association. Some sixty tables were in play and the proceeds are to be used for equipment in the nurses' home.

MARRIED: On Oct. 15, 1934, Mary Ellen Walsh (St. Joseph's Hospital, 1924), to Mr. Walter Noel Sullivan.

SAINT JOHN: The Saint John Chapter of the N.B.R.N.A. held its regular monthly meeting. An address was given by Dame Janet Campbell on maternal and child welfare. A bridge party was held at the Saint John General Hospital on Nov. 7 when the guests were received by Mrs. L. Dunlop and Mrs. E. Bevea. The graduate nurses of Saint John recently gave an enjoyable dance; the guests were received by Mrs. L. Dunlop and Mrs. F. McKelvey. The proceeds were given to the Nurses' Benefit Fund. The A.A. of Saint Joseph's Hospital recently sponsored a successful bridge, the proceeds to be used to purchase equipment for the class room. The guests were received by Mrs. F. W. Enright and Miss M. Carey. Members of the V.O.N. entertained recently for Miss D. Cunningham who has been transferred to York townships, Toronto. Miss F. Saunders has taken her place on the staff here.

MARRIED: On Oct. 31, 1934, Miss Ethel W. Crawford (G.P.H., 1928), to Mr. G. Gordon Patterson.

MARRIED: On Sept. 15, 1934, Miss Marjorie Fitch (R.V.H., 1923), to Mr. Henry P. Edge.

ST. STEPHEN: The local chapter of the N.B.R.N.A. met at the home of Miss McMullen on Nov. 30. An instructive paper on health insurance was read by Miss Hillyard. Three recent graduates were welcomed to the chapter. The C.M.H. Alumnae Association met on Dec. 6, with Miss Dunbar presiding. Ways and means of raising money for the treasury were discussed. Congratulations are extended to the Misses Martin, Moffat, Douglas and Thorburn on successfully passing their examination for registration.

MARRIED: In August, 1934, Miss Phyllis McLaughlin (C.M.H., 1933), to Mr. Sumner Swicker.

MARRIED: On Nov. 24, 1934, Miss Natalie E. Harvey (C.M.H., 1931), to Mr. Lester Blanche.

WOODSTOCK: The L. P. Fisher Memorial Hospital held its graduation exercises on Nov. 27 when four nurses received the diplomas and pins of the school. Mr. C. W. Clarke presided and Rev. H. S. Bishop pronounced the invocation and gave an address. Dr. E. F. Woolverton addressed the graduating class, Mayor E. R. Jones presented the diplomas and pins and Mrs. Annie Fields presented the prizes for proficiency from the Ladies' Hospital Aid. Following the repetition of the Florence Nightingale pledge by the graduating class, the class prophecy was given by Miss A. Wood and the valedictory address by Miss L. Ward. The class was entertained at a dinner by the Board of Trustees on Nov. 27, when the Alumnae Association presented each member with a hypodermic set.

NOVA SCOTIA

HALIFAX: Dame Janet Campbell was a guest at Government House on Dec. 2, when a number of nurses had the privilege of meeting

her. She later addressed a public meeting, her subject being maternal and child welfare. On Dec. 3 she was guest of honor at a tea given by Miss Lenta Hall, superintendent, Halifax branch of the Victorian Order of Nurses, when she spoke on public health nursing in England.

HALIFAX: The Alumnae Association of Victoria General Hospital held a meeting on Dec. 3, with Miss G. Crosby, the president, in the chair. An interesting talk on Iceland was given. The Grace Maternity Hospital held their graduation exercises on Dec. 4 and were addressed by the Provincial Minister of Health, the Honourable F. R. Davis. Miss Emma Pense, R.R.C., has returned from England.

WINDSOR: Miss Helen Roy Saunders, acting superintendent of nurses at Payzant Memorial Hospital, for the past three months, has been confirmed in her office by the hospital Board. She is a native of Halifax, a graduate of St. John's Hospital, New York; nursing instructress at Nelson, B.C., for three years, and matron of North Bay, Ont., Hospital, for three years.

WOLFVILLE: On Nov. 16 a meeting was held at Eastern Kings Memorial Hospital, Wolfville, of the nurses of Kings and Hants Counties, when a new local branch, to be known as the Valley Branch, was organized. Mrs. Hope Mack, Nova Scotia Sanatorium, Kentville, was appointed president, with Miss Anne Slattery, of Windsor, and Miss Annie Foster, of Berwick, as vice-presidents, and Miss Eloise Newcombe, Wolfville, as secretary-treasurer.

ONTARIO

DISTRICT 1

LONDON: The November meeting of the Victoria Hospital Nurses' Alumnae Association was held at the home of the honorary vice-president, Mrs. A. E. Silverwood, Dufferin Avenue, with 89 members in attendance. Miss H. M. Stuart and Miss M. Jones presided over the tea cups. Mrs. Silverwood is a former superintendent of nurses at the Victoria Hospital.

DISTRICTS 2 AND 3

KITCHENER: Nurses from Owen Sound, Guelph, Stratford, Brantford, Galt, Woodstock, Simcoe and other centres attended the annual meeting of Districts 2 and 3 of the R.N.A.C. Miss Alice Bingeman presided and at the election period was re-elected to the presidency with the following executive: vice-president, Miss A. Potts, Woodstock; secretary-treasurer, Miss F. Kudoba, Stratford; chairman of nursing education section, Miss R. M. Hamilton, Stratford; chairman of public health section, Mrs. Mitchell, Brantford; chairman of private duty section, Miss Davidson, Woodstock; councillors, Miss McDonald, Galt; Miss L. Ferguson, Guelph; Miss Smith, Orangeville; Miss Booth, Simcoe; Miss Cook, Woodstock. Dr. McGanity gave an address on "The unequal distribution of nursing service" and was of the opinion that legislation might be forthcoming shortly that would provide nursing service for all who required it. Over 130 delegates were in attendance.

DISTRICT 4

HAMILTON: Miss C. Livingstone, formerly of the social service department of the H.G.H., has joined the nursing staff of the Public Health Department of Hamilton. Miss M. Gosnell, formerly supervisor of the private wards, H.G.H., is taking the course in teaching and administration at the School of Nursing of the University of Toronto. Miss J. Souter has been appointed supervisor of the private wards, and Miss I. Farmer of Ward One. The annual bazaar of the Alumnae Association was held on Nov. 17, when the sum of $320.00 was realized in aid of the mutual benefit fund.

MARRIED: On Nov. 29, 1934, Miss Catherine May Chapple, to Mr. Thomas Edmond Bingham.

MARRIED: On Nov. 17, 1934, Miss Dorothy Cockfield, to Mr. William C. Stamp.

DISTRICT 5

TORONTO: Members of District 5 R.N.A.O. met at dinner on Nov. 17 in honour of Dame Janet Campbell. Miss Marian Yeigh, president of the Toronto Branch, Canadian Association of Social Workers, and Miss Margaret Gould, secretary of the Child Welfare Council, Toronto, guests of the district, were at the head table with the chairman, Miss Dorothy Mickleborough, Miss Florence Emory, past president of the C.N.A., and Miss Marjorie Buck, president of the R.N.A.O. Nurses were present from Oshawa, Oakville, Hamilton and Brantford. Dame Janet spoke of the work of nurses in the field of public health in England and, in reply to questions, outlined the set-up and programme of the Health Organization of the League of Nations and described the new hospital for postgraduate work in medicine which will shortly be opened in London.

TORONTO GENERAL HOSPITAL: At the fall meeting of the Alumnae Association of the Toronto General Hospital the members had the opportunity of hearing Mr. Campbell McInnis speak on "Music in the Community." Mr. McInnis is an authority on the history of music and its interpretation. Members later

had an opportunity to meet Mr. McInnis. Miss Gretta Ross (T.G.H., 1916), who has been in charge of social service at the Hospital for Sick Children, has been granted a year's leave of absence to take postgraduate work at Bedford College, London. Before leaving she was presented with a purse of English money by the Heather Club. Miss Helen Melville (T.G.H., 1892), who served forty years as a missionary in Africa, has recently retired.

MARRIED: On July 28, 1934, Miss Christena Babzener (T.G.H.), to Mr. Wesley Christie.

MARRIED: On Aug. 23, 1934, Miss Hazel Barnum (T.G.H., 1930), to Mr. Ray Spence.

MARRIED: On Aug. 7, 1934, Miss Violet Hartman (T.G.H., 1923), to Mr. George Hannager.

MARRIED: On Aug. 18, 1934, Miss Laura Sturdy (T.G.H., 1931), to Mr. Norman Paget.

MARRIED: In July, 1934, Miss Georgine Wales (T.G.H., 1932), to Mr. J. Rowland.

TORONTO: Dame Janet Campbell spoke to the board members, staff and guests of the Victorian Order of Nurses on November 16. In discussing maternity service in a community programme, Dame Janet was most generous in answering many questions from the floor. Miss Muriel Winter, supervisor of Central District V.O.N., and in charge of student field work, is spending two weeks in New York. She is a graduate of Toronto General Hospital and of the course in public health nursing in the University of Toronto. In 1927 she was granted a Rockefeller Fellowship for special study at Columbia University and observing public health activities in the United States. She is now studying programmes for student affiliation at Henry Street and Brooklyn Visiting Nurse Associations.

TORONTO WESTERN HOSPITAL: On Nov. 27 the ladies of the board and the nurses of the Western and Grace Divisions of the Toronto Western Hospital were honoured by Her Excellency the Countess of Bessborough when she visited the Edith Cavell Residence of the Western Hospital. Nurses in uniform formed a guard of honour and, after being welcomed by Mrs. Frank R. Scott and Dr. Augusta Stowe-Cullen, the guest of honour replied most charmingly to an address given by the president of the Board. Her Excellency was accompanied by Miss Ellis, the superintendent of nurses, on her inspection of the residence. During the winter months, the nursing staff of the Western Division of the Toronto Western Hospital will conduct their business meetings every two weeks under the direction of Miss Beatrice Ellis, superintendent of nurses. It has already been their pleasure recently to listen to visiting speakers, including Dr. Best, National Secretary of the Y.M.C.A. for Canada, who vividly portrayed "Objectives for an ideal personnel for nursing administration," and to Dr. G. Shanks, chief pathologist of the hospital, who told of a course in laboratory work which he had pursued in Europe last summer. Miss Wickson, a member of the staff of the Toronto Library, reviewed a number of new books. Miss V. Young and Miss M. Hall have finished postgraduate courses in the Montreal Maternity Hospital. Miss V. Wanless is taking postgraduate work in obstetrics. Miss B. McCutcheon and Miss B. Post are taking courses in operating-room technique at the Michael Reese Hospital, Chicago. Miss M. Campbell (1931) has received the H. A. Beatty Scholarship for the teaching and administration course at the McGill School for Graduate Nurses this year. Miss M. Weir (1932), who completed the same course after having received the H. A. Beatty Scholarship, is now preparing for missionary service at the Presbyterian Deaconess Training School.

DISTRICT 5

TORONTO: A most enjoyable luncheon was tendered recently to Miss Edith MacPherson Dickson by the President and Board of Directors of the Toronto Hospital for Consumptives, at Weston. The luncheon was held in a private dining-room in the Royal York Hotel and covers were laid for sixty. The guests included the immediate members of Miss Dickson's family, the members of the Board of Trustees and their wives, the superintendents of nursing of the Toronto hospitals, and heads of other nursing departments, together with members fo the nursing and medical staff of the Toronto Hospital. Mr. E. L. Ruddy, president of the board, presided and explained that the purpose of the luncheon was to pay tribute to the work of Miss Dickson. He spoke feelingly of her twenty-nine years of devotion to the Hospital and of the regret at her retirement. Dr. W. J. Dobbie, Physician-in-Chief, was called upon to propose a toast to the guest of honour, and this was seconded by Mr. J. J. Gibson, vice-president of the board. Dr. Dobbie cited many incidents pertaining to the pioneer days of the Toronto Hospital and included in his tribute reference to Miss Dickson as Lady Superintendent of the Hospital, a position including the direction of eight major departments; the founding of the Connaught Training School for Nurses; the organization of the department for the inspection of training schools in Ontario, and to her work in the Canadian Nurses Association. Mr.

J. J. Gibson, after endorsing Dr. Dobbie's remarks, presented Miss Dickson, on behalf of the Board of Trustees, with a cheque as a tangible evidence of good wishes for her future. Miss Dickson responded most graciously, thanking the board for their co-operation and including in her appreciation kindly reference to all who had stood loyally by her during her tenure of office.

TORONTO: The nurses of the Hospital for Incurables recently held an amusing auction sale, and on Nov. 24 gave an afternoon tea. The proceeds of these two successful affairs are to be used for Christmas cheer baskets.

DISTRICT 6

BELLEVILLE: The annual meeting of District 6 was held recently at the General Hospital with the president, Miss Anderson, in the chair. The three chapters were all represented. The report from Chapter A was presented by Miss Fitzgerald, from Chapter B by Miss Rundle, while Miss Price reported for Chapter C. Miss Walsh reported on the publications committee for *The Canadian Nurse*, and Mrs. Leeson on the Permanent Education Fund, which is paid up with the exception of $15.00 still to be raised in addition to $60.00 already contributed for 1934. The election of officers for 1935 was as follows: President, Miss F. Fitzgerald, Belleville; vice-president, Miss Graham, Bowmanville; secretary-treasurer, Miss H. Fitzgerald, Belleville; Private Duty Section, Miss Watson, Peterborough; Public Health Section, Miss M. McKenzie, Lindsay; convener, Permanent Education Fund, Miss McIndoo, Belleville; representative to *The Canadian Nurse*, Miss Walsh, Peterborough; membership committee, Miss Simpson, Peterborough; nominating committee, Miss Collier, Belleville; Mrs. La Planta, Peterborough; Miss Black, Port Hope.

BELLEVILLE: Miss Florence Fitzgerald has been appointed to the staff of the Ontario School for the Deaf. We were pleased to hear of the appointment of Miss Bessie Soutar (B.G.H., 1924) as Victorian Order Nurse in Belleville.

BELLEVILLE: The annual meeting of Chapter A was held at the Picton Hospital on Nov. 9, when Miss F. Fitzgerald acted as chairman and new officers were elected. Miss Fitzgerald spoke on her work as a nurse at the School for the Deaf, and Miss Youman on surgical tuberculosis. Refreshments were served by Miss Carson and her staff.

PETERBOROUGH: The annual meeting of the Nicholl's Hospital Alumnae Association was held on Nov. 7 with a large attendance. A review of the year's work was given by the

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president, Miss Dobbin. Twenty-five dollars was donated to the Peterborough Health Association.

DISTRICT 8

OTTAWA: A general meeting of District 8 was held at the Royal Ottawa Sanatorium on Nov. 7, with one hundred and fifty present and Miss Blanche Anderson presiding. An address was given by Dr. J. G. Wherrett of the Anti-Tuberculosis Association, followed by a demonstration of technique in the care of tuberculous patients by Miss M. Stewart. Miss Alberta Shafer gave an excellent interpretation of the Rabinowitch diet and Dr. Fisher a most interesting address on "New therapeutic agents and their use." Miss Stewart and her assistants served tea from a beautifully appointed table.

OTTAWA: A well attended meeting of the Private Duty Section was held on Nov. 12, when the question, "Resolved that eight-hour duty is desirable for private duty nurses" was debated by four members of the Section. The judges—a doctor, a teacher and an institutional nurse—gave their decision in favour of the affirmative.

OTTAWA CIVIC HOSPITAL: "Resolved that eight-hour duty would be more beneficial than the present twelve-hour schedule" was the subject of a keen and interesting debate held by the Alumnae Association of the Ottawa Civic Hospital on Nov. 16. Miss M. Lamb acted as leader of the affirmative, assisted by Miss E. Fletcher. Miss P. Hough led the negative, assisted by Miss H. Melanson. Miss B. Hall of the Victorian Order of Nurses, Miss I. Brunet of the Glebe Collegiate Staff, and Dr. I. G. Smith kindly acted as judges. The affirmative won. Dr. Smith commended the debaters on their study and comprehension of this increasingly interesting subject. Approximately one hundred and thirty graduates attended this meeting, which was open to all nurses.

MARRIED: On Nov. 20, 1934, Miss Winnifred Mae Drake (O.C.H., 1929), to Mr. Thomas Brown.

DISTRICT 9

NORTH BAY: Miss M. I. Sanderson (Western University, 1926) has been appointed public health nurse at Callender, Ont. Miss M. A. Cloutier (Western University, 1933) has been appointed public health nurse at North Bay. A delightful bridge party was held recently under the auspices of the North Bay Chapter, District 9, R.N.A.O.

SAULT STE. MARIE: Arrangements have been made between the Board of Health and the Public Health Department to have the school children given the thyroid treatment; some thousand school children will be administered iodine. A bridge party was held recently at the home of Miss E. Hoodless. During November a pot luck supper was held at the Plummer Memorial Hospital. The guests also enjoyed a musical programme.

QUEBEC

QUEBEC: The Alumnae Association of Jeffrey Hale's Hospital held their annual meeting on Nov. 5, when the election of officers resulted as follows: Hon. president, Mrs. S. Barrow; president, Miss N. Martin; first vice-president, Miss M. Allison; second vice-president, Miss H. MacKay; recording secretary, Miss D. Wheeler; corresponding secretary, Miss M. Fischer; treasurer, Miss E. McHarg; representative to *The Canadian Nurse*, Miss E. McCallum; representative to Private Duty Section, Miss E. Walsh; sick visiting committee, Mmes. S. Barrow and L. Teakle; refreshment committee, Misses F. Ascah, Allison, Eager and Matthews; councillors: Misses F. Imrie, D. Jackson, C. Kennedy, G. Martin and Mrs. C. Young.

QUEBEC: A meeting of the Alumnae Association was held on Dec. 3, when Miss H. MacKay gave an interesting talk on pioneer nursing in Northern Ontario. At the recent graduation exercises five nurses received their pins and diplomas. Mrs. Ross Strang presented the pins and Dr. Percival addressed the graduates. The class included the Misses K. Z. Ross, R. Mountain, R. Read, I. Gourlay and M. Doddridge. Miss C. Kennedy is in charge of the Douglas Wing of the Jeffrey Hale's Hospital and Miss F. Ascah of the Private Floor. The Misses Allison and Read are leaving shortly to take a postgraduate course at the Alexandra Hospital, Montreal. Miss Shannon has returned to Quebec, having completed a postgraduate course in infectious diseases at the Alexandra Hospital. Miss D. Ross is taking a postgraduate course in tuberculosis nursing at Ste. Agathe Sanatorium.

MARRIED: On Oct. 13, 1934, Miss Ivy Nichol (J.H.H., 1927), to Mr. K. MacDonald.

MARRIED: On Oct. 20, 1934, Miss M. Semple (J.H.H., 1928), to Mr. A. Rieger.

SHERBROOKE: The Metropolitan Life Insurance Company held an institute for its nurses in the Province of Quebec on November 5 and 6 at the St. Vincent de Paul Hospital, Sherbrooke. There were twenty-three Metropolitan nurses present, representing different cities and towns in the province, and four nurses from Montreal, representing the Metropolitan nursing staffs there, and one representative from the Quebec City nursing staff. Two supervisors were present, Miss

M. Taschereau and Miss E. Lynch. The latter gave a paper on her work with the Association of Registered Nurses in the Province of Quebec. Others invited were Sister Adeline, Sister Superior of the Hospital; Sister Bouffard, Directress of Nurses; Victorian Order nurses in Sherbrooke and the nurses from the Assistance Maternelle and Health Center. The institute was presided over by Miss Alice Ahern, assistant superintendent of nursing, and was attended by Mrs. Helen C. Lamalla, superintendent of nursing, New York. Dr. Bertrand, chief surgeon at the St. Vincent de Paul Hospital, gave a conference on "Differential diagnosis of acute illnesses of the abdomen", and a clever demonstration of bladder irrigation was given by two pupil nurses. The conferences and demonstrations which completed the two-day programme were given by Metropolitan nurses.

SASKATCHEWAN

PRINCE ALBERT: The Prince Albert Graduate Nurses Association entertained on Nov. 6 at the Sanatorium. The guests were received by Mrs. M. Cooper, vice-president; Miss Mary Montgomery and Miss Phyllis Playford. A musical programme was rendered by the Misses I. Carlton, M. Collins, W. McGuire, M. Buese, E. Johnson, M. Larson, J. Grey and Mr. Gus Carrier. The social committee was under the convenership of Miss G. Halliday.

SASKATOON: A film on the hospital care of children, prepared for the Saskatchewan Hospital Convention, was shown at a recent meeting of the Alumnae Association of the Saskatoon City Hospital.

MARRIED: On Nov. 12, 1934, Hazel Lipsett (S.C.H., 1930), to Mr. Joseph Harry Davey.

OVERSEAS NURSING SISTERS' ASSOCIATION OF CANADA

OTTAWA: On Armistice Day, the Ottawa Unit of the Overseas Nursing Sisters' Association of Canada joined the Nursing Division of the Canadian Legion of Honour in paying tribute to their comrades of other days. Immediately following the ceremony at the Cenotaph on Parliament Hill members of these two groups proceeded to the Nurses Memorial in the Hall of Fame, Parliament Buildings, where the Hon. R. J. Manion and Lady Perley spoke feelingly of nursing sisters' war-time services. Beautiful wreaths and baskets of flowers were placed by nursing sisters representing the following organizations: The Canadian Nurses Association; The Overseas Nursing Sisters' Association; Post 162, American Legion, St. Paul, Minnesota, U.S.A., in memory of Jean Templeman; London Unit, O.N.S.A. of Canada, London, Ont.; Miss Flora Scrimm, in memory of Janet Williamson; Alumnae Association, Ottawa General Hospital, Ottawa; Alumnae Association, Lady Stanley Institute, Otawa; St. Luke's Alumnae Association, Ottawa; Ottawa Branch, Nursing Sisters of the Canadian Legion; Ottawa Unit, Overseas Nursing Sisters' Association of Canada. The annual Remembrance Day dinner of the Ottawa Unit was held on Nov. 12, with Mrs. C. A. Young presiding and forty-one other members present. After dinner the annual meeting was held and reports described the activities of the Unit. The following officers were re-elected: Honorary president, Miss M. MacDonald; honorary past president, Mrs. Coghill; president, Mrs. C. A. Young; vice-president, Mrs. Gwendolen Spalding; treasurer, Miss Gertrude Halpenny; secretary, Miss Blanche Anderson.

HALIFAX: The annual dinner of the Halifax Unit of the O.N.S.A. was held on Nov. 10, when Miss Marion Haliburton was elected as president for the coming year.

MONTREAL: At the Remembrance Day ceremonies, Miss Enright, president of our unit, placed a poppy wreath at the Cenotaph. About thirty Nursing Sisters were present. A delightful Remembrance Day "at home" was given by our unit at the Armoury of the Black Watch (Royal Highlanders) of Canada on Nov. 11, when the Sisters were "at home" to the Commandant of Military District No. 4, Brigadier-General W. W. P. Wilson, C.M.G., D.S.O., O.B.E., his staff, with their wives, to all the medical officers who served overseas, their wives, and to the guests of the Sisters. Miss Enright, our energetic and enthusiastic president, with Mrs. Flemming, the wife of Col. Flemming, Commanding Officer of the Highlanders, received the guests, which numbered over two hundred. It was a wonderful re-union and the atmosphere of our mess teas was recaptured during these short hours. Mrs. A. J. MacDonald and Miss M. Galbraith presided at the tea table. On Sunday, Nov. 18, twenty-eight sisters attended a Parade Service at the Melville Presbyterian Church, with the veterans of the C.A.M.C. and the officers and men of the Sixth and Ninth Field Ambulance.

TORONTO: The Toronto Unit of the O.N.S.A. held its Armistice dinner on Nov. 10, when 155 members sat down to dinner. At

the head table were Miss Ruby Hamilton, Miss Gamble, Mrs. Hanna, Mrs. Spence, Mrs. Craig, Mrs. Bell, past president of the unit; Col. O. Fallis, Capt. and Mrs. Lambert, Capt. and Mrs. Wray Fairweather, and members of the executive. The war-time blessing was repeated by Padre Lambert. There were six vacant chairs and a minute's silence was observed in memory of Sisters Janet Morin, Ina Grenville, Jessie Reynolds Mills, Ann Coulter, Katherine Barden and Helen Shearer. Miss Hamilton introduced the guest speaker, Col. the Rev. Geo. O. Fallis, D.D., C.B.E., who stressed the necessity of carrying on a great war—not one of arms, but a war of peace. Capt. Fairweather outlined the tentative plans for the Crusade to Vimy in June, 1936, and the low expense rate he quoted was greeted with applause while each planned in her own mind the possibility of joining. Sisters from Hamilton, Guelph, Oakville and Oshawa were present and the evening was a very happy one.

VANCOUVER: The Vancouver Unit held its annual Armistice dinner on Nov. 10, with Mrs. E. Helliwell acting as convener. Receiving with the president, Miss Laura Holland, C.B.E., A.R.R.C., were Mrs. J. Rose, Miss B. Bennett and Miss F McDiarmid. Seated at the head table were the president, Miss M. McBride of Victoria, Miss J. Matheson, Miss K. Conway-Jones, Miss B. Swan, Miss E. V. Cameron, Mrs. B. Heyer, Miss S. Heaney and Mrs. A. W. Hunter. A telegram from the American Legion Nurses at Portland was read and a basket of yellow chrysanthemums was also received from them. Miss J. Johnston, past president, proposed a toast to the guests which was replied to by Miss M. McBride. With the Amputation Club and the 2nd Infantry Brigade also holding dinners in adjoining rooms, the affair became a real re-union. Mr. Jack, of the former club, extended greetings and invited the Sisters to enjoy part of the Amputation Club programme, a visit reminiscent of overseas days and battalion concerts behind the line. A play, arranged by Miss Mary McLane, was given by several Sisters, and Mr. Carden, of the 2nd Infantry Brigade, showed some moving pictures of actual scenes on the battle field. Others present were: Mmes. C. McDiarmid, J. T. Wall, F. W. Crickard, Slevin, D. Smith, J. R. Bayne, A. Y. McNair, D. McKenzie, J. O. McCabe Rogers, J. Shepherd, K. Robinson, R. E. Coleman, G. Appelbee, A. W. Lang, J. M. Brough, A. K. Cunningham, A. Valentine, R. Caswell, K. Brown, E. White, Misses P. Prinsep, P. Stewart, H. Rice, H. Stark, M. E. Sambel, Gardiner, O. Bentley, E. Cresswell, H. Jukes, H. Baynes, D. Jefferson, I. Sims, M. Steele, H. Munslow, M. Hodge, L. Sanders, L. Brand, B. McNair, E. Martin, D. Oliver, A. Rodd, M. Duffield and Thomas. Miss Edith Lumsden is convalescing in Edmonton and expects soon to return to duty. Miss M. Thomas of Brithdar, Sask., formerly on the staff of Shaughnessy Hospital, is spending a holiday in Vancouver.

VICTORIA: The O.N.C. of Victoria celebrated Armistice Day by holding a tea on Nov. 10. Those present were Mesdames Dixon, Towill, McAuley, O'Leary, Fletcher, Hannay and Hunt. Misses Bradshaw, Benvie, Franks, Forbes, Kay, Morrison, Macdonald, McVitty, Bentheun, Williams and others. The new officers are: President, Mrs. Towill; vice-president, Miss Kay; secretary-treasurer, Miss A. Forbes.

OBITUARY

SCOVIL—On Nov. 20, 1934, the death occurred in England, at the home of her brother, of Elizabeth Robinson Scovil at the great age of 86 years. She was born in Saint John, N.B., and was a member of a distinguished New Brunswick family of Loyalist descent. In 1878 she entered the Training School of the Massachusetts General Hospital in Boston. While in training she commenced her writing career. Her articles on nursing found ready publication in magazines and the hospital authorities tendered Miss Scovil a vote of thanks for the assistance her writings proved in enlisting young women for training. In the early 90's, she became associate editor of the *Ladies' Home Journal* and was in charge of the mother's department. During these years she wrote books on the care of children and preparation for motherhood that are still in demand. Even so long a life as Miss Scovil's seemed hardly to afford time for the many activities in which she engaged. She was a member of the staff of the *American Journal of Nursing* for 20 years, and for 12 years a regular contributor to *The Canadian Nurse*. For 10 years she had charge of the Infirmary at St. Paul's School, Concord, N.H., and later was superintendent of the Newport Hospital, Newport. She had the privilege of meeting Florence Nightingale when on a visit to England and was called upon by Lady Aberdeen to assist in the formation of the Victorian Order of Nurses.

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President, Miss V. Lovelace; Vice-President, Miss M. Hamilton; Secretary-Treasurer, Mrs. W. J. Burney, Ardeen Gold Mines, Kashabowie, Ont.; *Councillors:* Miss Jane Hogarth, Miss M. Wallace, Miss C. Lemon, Miss C. Chivers Wilson, Miss Flannigan, Miss Irene Hibditch.

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Prince Edward Island Registered Nurses Association

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QUEBEC

Association of Registered Nurses of the Province of Quebec Incorporated 1920

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SASKATCHEWAN

Saskatchewan Registered Nurses Association (Incorporated March, 1917)

President, Miss Edith Amas, City Hospital, Saskatoon; First Vice-President, Sister M. Clotilda, Providence Hospital, Moose Jaw; Second Vice-President; Miss Jean B. McDonald, 1122 Rae Street, Regina; *Councillors:* Miss Edith Stocker, Sanatorium, Saskatoon, Miss R. M. Simpson, Dept. of Health, Regina, *Conveners of Standing Committees: Nursing Education,* Miss Annie Lawrie, General Hospital, Regina; *Public Health,* Mrs. E. M. Feeny, Dept. of Health, Regina, *Private Duty,* Miss Helen Wills, 2840 Robinson St., Regina; *Legislation,* Miss Edith Amas, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss Margaret A. Ross, 45 Angus Cresc., Regina.

Associations of Graduate Nurses

ALBERTA

Calgary Association of Graduate Nurses

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Edmonton Association of Graduate Nurses

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Medicine Hat Graduate Nurses Association

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BRITISH COLUMBIA

Nelson Graduate Nurses Association

Hon. President, Miss K. E. Gray, superintendent Kootenay Lake General Hospital; President, Miss V. B. Eidt; First Vice-President, Miss M. Madden; Second Vice-President, Miss M. J. Leslie; Secretary-Treasurer, Miss S. K. M. Scott, Box 184, Nelson, B.C.

Vancouver Graduate Nurses Association

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Victoria Graduate Nurses Association

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MANITOBA

Brandon Graduate Nurses Association

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QUEBEC

Graduate Nurses Association of the Eastern Townships

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MONTREAL

Montreal Graduate Nurses Association

Hon. President, Miss L. C. Phillips; President, Miss Christine Watling, 1230 Bishop St.; First Vice-President, Miss G. Allison; Second Vice-President, Mrs. A. Stanley; Secretary-Treasurer and Night Registrar, Miss Ethel Clark, 1230 Bishop St.; Day Registrar, Miss Kathleen Bliss; Relief Registrar, Miss H. M. Sutherland; Convener Griffintown Club, Miss G. Colley. Regular Meeting, Second Tuesday of January, first Tuesday of April, October and December.

SASKATCHEWAN

Moose Jaw Graduate Nurses Association

Hon. President, Mrs. M. Young; President, Miss A. Meadows; First Vice-President, Mrs. Metcalfe; Second Vice-President, Miss C. Kier; Secretary-Treasurer, Miss J. Moir, General Hospital, Moose Jaw; Registrar, Mrs. Metcalfe; *Committees: Nursing Education*, Mrs Young, Sr. Mary Helena; *Public Health*, Miss Smith; *Private Duty*, Miss Cowgill and Miss Coventry; Programme, Miss L. Carter; Press, Miss Mutrie; Social, Miss French; Sick Visiting, Miss Armstrong; Representative to *The Canadian Nurse*, Miss M. Armstrong.

Alumnae Associations

ALBERTA

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BRITISH COLUMBIA

A.A., St. Paul's Hospital, Vancouver

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Royal

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A.A., Children's Hospital, Winnipeg

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A.A., St. Joseph's Hospital

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A.A., Galt Hospital

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A.A., Hamilton General Hospital

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A.A., Orillia Soldiers' Memorial Hospital

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A.A., St. Luke's Hospital

Hon. President, Miss E. Maxwell; President, Miss M. MacLaren; Vice-President, Miss M. Lunan; Secretary, Miss M. Nelson, 44 First Ave.; Treasurer, Miss I. Allan, 1188 Gladstone Ave.; *Central Registry:* Misses M. Wilson, S. Carmichael; *Nominating Committee:* Misses S. Clark, S. Carmichael, E. Young; Representative to *The Canadian Nurse*, Miss M. Drummond, Civic Hospital.

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A.A., Owen Sound General and Marine Hospital

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A.A., Nicholls Hospital

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A.A., Sarnia General Hospital

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STRATFORD

A.A., Stratford General Hospital

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ST. CATHERINES

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